

**USEFULNESS OF THE TEXAS AWARD FOR PERFORMANCE
EXCELLENCE IN EDUCATION CRITERIA FOR A COMPREHENSIVE
PROGRAM REVIEW IN STUDENT AFFAIRS: A CASE STUDY OF
TWO DEPARTMENTS IN A DIVISION OF STUDENT AFFAIRS AT A
RESEARCH EXTENSIVE UNIVERSITY**

A Dissertation

by

SANDRA NORTON OSTERS

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2007

Major Subject: Educational Administration

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Approved by:

Chair of Committee,	Bryan R. Cole
Committee Members,	John R. Hoyle
	Kelli D. Peck-Parrott
	Ben D. Welch
Head of Department,	Jim Scheurich

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ABSTRACT

Usefulness of the Texas Award for Performance Excellence in Education Criteria
for a Comprehensive Program Review in Student Affairs: A Case Study of
Two Departments in a Division of Student Affairs at a Research Extensive

University. (May 2007)

Sandra Norton Osters, B.A., Miami University;

M.A., The Ohio State University

Chair of Advisory Committee: Dr. Bryan Cole

The culminating recommendations of the United States Secretary of Education, Margaret Spellings' 2006 Commission on the Future of Higher Education report demand greater access, affordability, quality and accountability in higher education. Student affairs, as well as their academic counterparts, must show that they function effectively and contribute to student learning and development. A promising program review process for student affairs to fulfill this expectation is found in the Education Criteria of the Malcolm Baldrige National Quality Award and its state-level equivalent, the Texas Award for Performance Excellence in Education Criteria.

The purpose of this study was to determine the usefulness of the Texas Award for Performance Excellence Education Criteria, Progress Level, as the basis for a comprehensive program review in two diverse student affairs departments. Additionally, the study was to determine the potential usefulness of the Criteria as a

management strategy for senior leadership in each department to focus on assessment, planning, improvement and change.

The descriptive case study was conducted using naturalistic inquiry methodology with two student affairs departments. The researcher spent nine months in the field as a participant observer. Methodology included observations of training and team leader meetings; interviews with participants, department directors, and the Office of the Vice President; document review of both self-study reports; and the researcher's reflexive journal.

Student affairs departments are particularly well-suited for the quality concept of serving customers and, in this case, students as their primary customer. The researcher concluded that the Texas Award for Performance Excellence in Education Criteria serve as a useful basis for a comprehensive program review and as a management strategy for senior leadership under the following conditions: The department must be a mature and functional unit. Student affairs staff need a foundation in quality principles, in general, and the core values, Criteria and language of the Texas Award for Performance Excellence in Education before embarking on the self-study process. The Measurement, Analysis and Knowledge Category and the Planning Category provided the most introspection and action planning for both departments. The Process Category was the most challenging for both departments.

DEDICATION

To my family

To my husband, Bill, who began this journey with me when he agreed to follow me to College Station, Texas. He patiently waited while over a quarter of our 40 years together was spent in this pursuit. Fittingly, he shared in its ending by being present at my defense. He was my rock.

To my son and daughter, Gavin and Whitney, who were willing to tutor their mother in math so she could pass the Graduate Record Examination. They had the patience to persevere even when their mother insisted that prime numbers had been “invented” after she was in grade school.

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In addition to the support of my family, Dr. Bryan Cole, my dissertation chair, patiently encouraged and then shoved me through the end of this journey. The gift of his time, expertise, reflection, and general musings anchored my way. Drs. Kelli Peck-Parrott and Ben Welch gave unfailing support and encouragement during the times when the end seemed forever around the next bend in the road.

My department colleagues, Dr. Darby Roberts, soon-to-be-doctors Jennifer McGee Reyes and Peggy Holzweiss, and Barbara Schumacher carried the burden of a sometimes frazzled and continually exhausted office mate. There is no greater blessing than working with all of them.

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Bill Ashworth, “Mr. Blueline,” was absolutely indispensable. His expertise and capability to light the way through the completion and submission of this dissertation were invaluable—and he did so with constant good cheer and support.

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There are many colleagues who preceded me or are following me in this doctoral journey. They all encouraged, supported, and celebrated with me. That, in the end,

provides us meaning and value as we wend our way through this process. Thank you all.

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CHAPTER I

INTRODUCTION

The demand for more accountability and quality in higher education is not new. It has been prominent in the literature since the 1980s. Whether it comes from federal and state legislators, regional accrediting bodies, parents and students who are served by higher education, or the businesses and industries that employ its graduates, the voices are loud and strong (Commission on the Future of Higher Education, 2006; Scott, 1996; Seymour & Associates, 1996; Upcraft & Schuh, 1996).

For Seymour and Associates (1996) these demands often have been met by silence:

The primary reason we have not responded, I believe, is because as a professional bureaucracy we are locked into a paradigm that focuses on resources, reputation, and a transcendent notion of quality. According to this model, we maintain the sole right to define our own professional responsibilities. Any incursions are interpreted as threats to academic freedom. (p. 22)

It does not seem surprising then that these unanswered demands have culminated in the aggressive work of Margaret Spellings, United States Secretary of Education. In October of 2005 Spellings established the Commission on the Future of Higher Education chaired by Charles Miller. The August 9, 2006, Commission's final report draft says in its preamble that "our year-long examination of the challenges facing

The style and format for this dissertation follow that of the *Journal of Educational Research*.

higher education has brought us to the uneasy conclusion that the sector's past attainments have led our nation to unwarranted complacency about its future" (p. 1).

The Miller Commission was charged with looking at four key areas of higher education: access, affordability, quality, and accountability. The findings produced six recommendations, the third of which challenged higher education to move from a system based on reputation to a system based on performance. "We urge the creation of a robust culture of accountability and transparency throughout higher education. Every one of our goals ... will be more easily achieved if higher education embraces and implements serious accountability measures" (Commission on the Future of Higher Education, 2006, p. 21).

Seymour and Associates suggested in 1996 that the MBNQA for education provided the accountability measures being demanded of higher education. Based on a foundation of core values and criteria that reflect those values, the MBNQA for education's focus is performance excellence and the assessment, results, and improvement cycle suggested by the demands of accountability. The MBNQA's framework has influenced higher education accreditation agencies and spawned similar quality award programs in many states (Bender & Schuh, 2002; Ruben, 2004). Quality Texas is one such spin-off award program. Quality Texas is a non-profit organization that was chosen in 1994 to administer The Texas Award for Performance Excellence or TAPE (Quality Texas Foundation, 2003). Applying or using the TAPE as a tool for self-assessment provides a clearly defined process of review and a method for creating action plans to determine progress over time (Quality Texas

Foundation). Like the MBNQA for education, the TAPE has criteria for performance excellence specifically defined for education, the Texas Award for Performance Excellence Education (TAPEE).

Statement of the Problem

Despite a long history of comprehensive program reviews in academic affairs, it is a relatively new phenomenon in student affairs (Brown, 1994; Madaus, Stufflebeam & Scriven, 1994). New or not, however, the demand for accountability in institutional effectiveness has become the focus in all aspects of higher education (Commission on the Future of Higher Education, 2006; Miller, 2002). Student affairs programs are under increasing pressure to show that they function effectively and contribute to student learning and development (Miller, 2002; Southern Association for Colleges and Schools, 2006; Upcraft & Schuh, 1996).

A promising program review process for student affairs is found in the MBNQA Education Criteria (Padro, 2003; Ruben, 2004). The TAPEE Criteria is based on identical criteria as the MBNQA for education. The MBNQA Criteria offers institutions of higher education and their component parts tools for the management and integration of assessment, planning, and improvement (Ruben, 2004). The TAPEE Criteria provides the same tools (Quality Texas, 2003). In addition, the TAPEE provides levels of self-assessment tools that respond to an institution's individual situation: a Self-Assessment Level for those institutions that are beginning the journey of quality improvement; a Progress Level for those institutions that have made progress in the journey of sound management systems and performance results;

and the Award Level for those institutions that have been working over time with performance excellence principles and concepts (Quality Texas Foundation, 2005a).

What is needed is a model of a comprehensive program review for student affairs that utilizes the process and structure of the Performance Excellence Criteria that supports both the MBNQA for education and TAPEE.

Purpose of the Study

The purpose of this study was to determine the usefulness of the Texas Award for Performance Excellence Education (TAPEE) Criteria, Progress Level, as the basis for a comprehensive program review in two departments in a Division of Student Affairs at a research extensive university. Additionally, the study was to determine the potential usefulness of the TAPEE Criteria as a management strategy for senior leadership in each department.

Research Questions

1. Is the use of a comprehensive program review based on the TAPEE Criteria an effective and relevant process for diverse departmental missions in a Division of Student Affairs at a research extensive university?
2. What is the impact of a comprehensive program review based on the TAPEE Criteria with respect to informing a cycle of initiatives, assessment, and development of strategies for improvement for the department under review in the context of the six criteria categories of leadership; strategic planning;

student and stakeholder focus; measurement, analysis and knowledge; staff focus; and process management?

3. Is the use of a comprehensive program review based on the TAPEE Criteria an effective management strategy for focusing on assessment, planning, improvement and change for the senior leaders of two diverse Student Affairs departments?

Operational Definitions

Approach—The methods an organization employs to accomplish a process; the appropriateness of the methods to the TAPEE requirements; the effectiveness of the use of the methods; the degree to which the approach is repeatable and based on reliable data and information; the degree that it is iterative and systematic; the alignment with organizational needs; and the degree that it provides evidence of innovation and change (Quality Texas, 2005).

Comprehensive Program Review—A self-study of a student affairs department that leads to comprehensive evaluation, action planning and improvement.

Department A—One of 10 departments in the Division of Student Affairs at a research extensive university. Reports through an Associate Vice President for Student Affairs. Is a facilities and process driven organization with many programmatic efforts.

Department B—One of 10 departments in the Division of Student Affairs at a research extensive university. Reports through an Associate Vice President for

Student Affairs/Dean of Student Life. Is a program driven organization with some major processes.

Deployment—The extent to which the organization's approach is applied in addressing TAPEE item requirements in each category relevant and important to the organization; is applied consistently; and is used by all appropriate work units (Quality Texas, 2005).

Effective—The extent to which the use of the TAPEE for a student affairs comprehensive review program accomplishes the purpose or the expected results for the members and senior leaders of the departments under study.

Integration—Occurs when the department's approach is aligned with its organizational needs identified in other criteria item requirements; the department's measurement, information, and improvements systems are complementary across process and work units; and the department's plans, processes, results, analyses, learning and actions are harmonized across processes and work units to support department-wide goals.

Malcolm Baldrige National Quality Award (MBNQA) Education Criteria for Performance Excellence—Criteria designed to help educational organizations use an integrated approach to organizational performance management resulting in continuous improvement for students and stakeholders, improvement of overall effectiveness and capability, and organizational and personal learning.

Office of the Vice President for Student Affairs—The Vice President for Student Affairs as the primary student affairs leader, the Associate Vice President for Student

Affairs and the Associate Vice President/Dean of Student Life to whom Department of A and B report, respectively.

Process—Method(s) by which outcomes are produced. Often processes are linked activities with the purpose of producing a program or service for students and/or stakeholders within or outside the organization.

Relevant—The extent to which the use of the TAPEE is applicable, suitable and fitting for the members and senior leaders.

Results—The methods the department's outputs and outcomes in achieving the requirements in category seven of the TAPEE. The four factors used to evaluate results are: the current level of performance; the rate and breadth of performance improvements; the performance relative to appropriate comparisons or benchmarks; and the linkage of results measures to important student and stakeholder; program, offering, and service; process; and action plan performance requirements identified in the organizational profile and in approach-deployment items (Quality Texas, 2005).

Senior Leaders—Those with the main responsibility for managing the overall department. Senior leadership is defined as the department head or director.

Texas Award for Performance Excellence Education (TAPEE) Criteria—Basis for organizational self-assessments, for making annual awards, and for giving feedback to applicants for the awards. TAPEE is patterned after the MBNQA Education Criteria.

Usefulness—A process that has as its end result helpfulness and benefit to the organization that has employed it.

Limitations

1. This study reports on a selected institution and selected departments within the Division of Student Affairs and is contextually bound. Care should be taken not to generalize beyond the sample studied.
2. The study may be limited by the perceptions of the researcher.
3. The study may be limited by conditions related to the context of the time of the study.

Significance of the Study

Divisions of Student Affairs and the departments that comprise them are, in today's higher education environment, subject to the same demands as their academic counterparts to be accountable for their performance and to enhance the learning and success of each student (Miller, 2002; Southern Association of Colleges and Schools, 2006; Upcraft & Schuh, 1996). The demand also extends to showing how the information it is generating from these efforts informs planning and continual improvement of student and program outcomes (Pomerantz, 2003).

A comprehensive program review offers the context to close the loop between/among the demands for assessment, planning, and improvement (Pomerantz, 2003). The TAPEE Criteria as an extension of the MBNQA Education Criteria provides a model of a comprehensive program review that is respected and has been adapted by national accrediting agencies and institutions of higher education (Bender & Schuh, 2002; Padro, 2003; Ruben, 2004). Furthermore, a comprehensive program review based on the TAPEE and MBNQA Education Criteria has the potential to

provide senior leadership of student affairs departments with the management strategies for ongoing and cyclical assessment, planning and improvement (Ruben, 2004; Smith & Mather, 2000).

Smith and Mather (2000) identified several themes for successful student affairs assessment and research programs of which comprehensive program review is a part: top-level support; internal motivation; based on a theoretically and conceptually sound framework; and multiple measures for information gathering. This study had all four of these themes: Vice Presidential and director support for a new model of comprehensive program review; the process of program review already established in the Division of Student Affairs; the new model based on the framework of the MBNQA and TAPEE Education Criteria; and multiple data collection strategies. For these reasons the study held the promise of providing an enduring model of comprehensive program review.

CHAPTER II

REVIEW OF THE LITERATURE

The year 2006 will be noted in higher education as the year of the Miller Commission Report and the call for "... strategic actions designed to make higher education more accessible, more affordable, and more accountable..." (Commission on the Future of Higher Education, 2006, p. 26). The Report was approved on August 10, 2006, by members of the Commission on the Future of Higher Education who authored it. "The Report will go through final edits and revisions before being presented to the U.S. secretary of education in mid-September" (Field, 2006, p. 1). After 11 months to produce the Report, the work of bringing recommendations to action lies ahead. A Commission member acknowledged that "the heavy work is clearly ahead of us" (Field, p. 3).

As higher education watches the Commission continue its work of making recommendations into reality, institutions have a clear understanding of where action steps will be directed. Recommendation three of the final draft report indicates that higher education must create "... a robust culture of accountability and transparency..." (Commission on the Future of Higher Education, 2006, p. 21). Recommendation three includes the creation of a "consumer-friendly information database" on higher education, "more and better information on the quality and cost of higher education" and the measurement and reporting of "meaningful student learning outcomes" (p. 22).

The assessment of student learning outcomes is very familiar to higher education as accrediting agencies both regional and discipline specific have been addressing this need, with more increasing specificity and demand, for the last 20 years (Wright, 2002). Although student affairs has not had the attention of academic affairs in this regard, that situation has also changed with accrediting agencies (Higher Learning Commission, 2004) and professional standards in student affairs disciplines echoing the call for student affairs assessment of student learning in the co-curricular (Strayhorn, 2006).

The challenge of national calls for accountability (Commission on the Future of Higher Education, 2006), accreditation demands from regional and discipline specific agencies (Wright, 2002) and the long standing practice of program review in higher education (Conrad & Wilson, 1985) put pressure on institutions to find a way to respond. It seems realistic that discovering a process to satisfy all of these demands would relieve institutions of constant involvement in multiple accountability activities.

Program review has a long history in higher education (Conrad & Wilson, 1985). As outlined by Pomerantz (2003), comprehensive program review is a systematic framework for using assessment results and other data as tools in an integrated whole. For Pomerantz, “A comprehensive program review model that creates a context for assessment can close the loop between the activity of assessment and operationalize the results into meaningful and constructive change” (p. 2).

Comprehensive program review must have a clearly defined purpose, a clearly defined process, and a method for determining progress (Pomerantz, 2003). One such

review method is the Malcolm Baldrige National Quality Award (MBNQA) for education whose framework has influenced higher education accreditation agencies and spawned similar quality awards in many states (Bender & Schuh, 2002; Ruben, 2004). “As of June, 2005, there were 44 active state and local quality award programs in 41 states. All 44 programs are modeled to some degree after the Baldrige National Quality Program and their award criteria are based on the Criteria for Performance Excellence” (Baldrige National Quality Program, 2006, p. 77).

The Texas Award for Performance Excellence (TAPE) is one such spin-off award. Quality Texas is a non-profit organization that was chosen in 1994 to administer The TAPE (Quality Texas, n.d.). Quality Texas (2005) education criteria are designed to promote results that deliver “... ever-improving value to students and stakeholders, contributing to educational quality.” “improvement of overall organizational effectiveness and capabilities,” and “organizational and personal learning” (p. 1). Applying for the Texas Award for Performance Excellence in Education (TAPEE) provides a clearly defined process of review and a method for creating action plans to determine progress over time (Quality Texas Foundation, 2003). Since the inception of the Texas Award, four education institutions have been recipients of the award: Brazosport ISD in 1998, Bill Priest Campus of El Centro College in 2002, Richland College in 2005, and Aldine Independent School District in 2005 (Quality Texas, n.d.).

Eight areas of research serve as the foundation for this study: (1) the quality movement; (2) the MBNQA; (3) quality in higher education; (4) the MBNQA in higher education; (5) the TAPEE; (6) academic program review; (7) student affairs program review; and (8) accreditation, assessment and student affairs.

The Quality Movement

According to the American Society for Quality (ASQ) (n.d.a) the quality movement can trace its beginnings back to medieval Europe and the craftsmen guilds of the late 13th century. Until the early 1800s and the Industrial Revolution, manufacturing followed this craftsmanship model. Quality processes and quality practices entered manufacturing in the early 20th century. In the United States quality became a “critical component” of the war efforts in World War II “... aided by the publication of military-specification standards and training courses in Walter Shewhart’s statistical process control techniques” (p. 1).

The birth of total quality in the United States came as a direct response to the quality revolution in Japan following World War II. The Japanese welcomed the input of Americans Joseph M. Juran and W. Edwards Deming and rather than concentrating on inspection, focused on improving all organizational processes through the people that used them (ASQ, n.d.a, p. 1).

According to ASQ (n.d.a) the quality movement has matured in the 21st century beyond the concepts of total quality management and the founding systems of its early proponents—W. Edwards Deming, J. M. Juran and early Japanese practitioners. It has moved beyond manufacturing into service, health care, education, small business and government sectors.

To provide context for the quality movement of today, it is important to understand its foundations and its early proponents. W. Edwards Deming’s career spanned education in engineering, mathematics, and a Ph.D. in mathematical physics. During his tenure at the United States Department of Agriculture during the 1920s and

1930s, he consulted with Walter A. Shewhart, a statistician at Bell Telephone Laboratories in New York. Shewhart's work in industrial statistical controls shaped Deming's own work in the Department of Agriculture where Deming became an expert on sampling techniques. Deming's work led him in the late 1930s to the Department of Commerce and work for the Bureau of the Census. His sampling techniques were used for the first time in the 1940 census (Walton, 1986).

During World War II Deming created and helped teach the Shewhart methods of Statistical Quality Control (SQC) to engineers, inspectors, and others at companies throughout the United States. This effort and the subsequent emphasis on quality led to the formation of the American Society for Quality Control in 1946 (Walton, 1986).

Deming left the Census Bureau in 1946 to establish a private practice as a statistical consultant. He also joined the faculty of New York University and continued to teach there after his 1975 retirement. After the war his services were in demand internationally where he consulted on sampling techniques for surveys in a variety of subject areas that included agriculture, nutrition and employment. In America "quality in those postwar years took a back seat to production—getting the numbers out. Quality control came to mean end-of-the-line inspection" (Walton, 1986, p. 9). It was during this period that Deming recognized that without pressure from management for quality, quality would only be a perfunctory exercise.

In 1947 Deming began his work with Japan and his deep involvement with the Japanese people. Initially he worked with the Supreme Command for the Allied Powers to help prepare for the 1951 Japanese census. In June 1950 he began a series of lectures on statistical control at the invitation of the Union of Japanese Scientists

and Engineers (JUSE). He also found himself presenting to presidents of Japan's leading industries. By the end of the summer of 1950, "... in addition to teaching statistical methods to thousands of technical people, he had reached the management of most of Japan's large companies" (Walton, 1986, p. 14). Deming (1986) later recounted:

The whole world is familiar with the miracle of Japan, and knows that the miracle started off with a concussion in 1950. Before that time the quality of Japanese consumer goods had earned around the world a reputation for being shoddy and cheap...What happened? The answer is that top management became convinced quality was vital for export, and that they could accomplish the switch.... Management and factory workers put their forces together for quality and jobs. (p. 486)

In 1951 the Japanese established the Deming Prize to recognize individuals for accomplishments in statistical application and companies for accomplishments in statistical application. The Prize and additional recognitions developed from the original are still being awarded in 2006 (W. Edwards Deming Institute[®], n.d.).

Deming and his prolific body of work in books, papers, and speeches, came to the attention of American audiences in the 1980s with the June 24, 1980, NBC documentary, "If Japan Can ... Why Can't We?" (Walton, 1986). Deming was overwhelmed by the demand on his services with the likes of Ford Motor Company, General Motors, Dow Chemical, and Hughes Aircraft—a demand that would continue until his death in 1993.

The heart of Deming's work is in his Fourteen Points (Walton, 1986). Deming (1986) considered them as the "... basis for transformation of American industry" (p. 23). He also believed that the Fourteen Points "... apply anywhere, to small organizations as well as large ones, to the service industry as well as to

manufacturing. They apply to a division within a company” (p. 23). They are: create constancy of purpose for improvement of product and service; adopt the new philosophy; cease dependence on mass inspection; end the practice of awarding business on price tag alone; improve constantly and forever the system of production and service; institute training; institute leadership; drive out fear; break down barriers between staff areas; eliminate slogans, exhortations, and targets for the workforce; eliminate numerical quotas; remove barriers to pride of workmanship; institute a vigorous program of education and retraining; and take action to accomplish the transformation—it’s everyone’s job (Deming, 1986; Walton, 1986).

In his book, *Out of Crisis*, Deming (1986) gave service organizations specific attention in the application of the Fourteen Points. He included education—“government, parochial, private” (p. 184)—in a long list of service industries, but he provided no examples of how this works for education as he did for medical service, government service, hospitals, hotels and airlines, to name only a few. He did, however, address higher education as he attempted to define quality in terms of who judges quality.

How do you define quality of teaching? How do you define a good teacher? ... The first requisite for a good teacher is that he have something to teach. His aim should be to give inspiration and direction to students for further study. To do this, a teacher must possess knowledge of the subject. The only operational definition of knowledge requisite for teaching is research.... This is an imperfect measure, but none better have been found.

In my experience, I have seen a teacher hold a hundred fifty students spellbound, teaching what is wrong. His students rated him as a great teacher. In contrast, two of my own greatest teachers in universities would be rated poor teachers on every count. Then why did people come from all over the world to study with them...? For the simple reason that these men had something to teach. They inspired their students to carry on further research. They were leaders of thought.... (p. 173)

In 1993 Deming founded the W. Edwards Deming Institute® (n.d.) with the aim of fostering The Deming System of Profound Knowledge®. Profound knowledge was described by Deming in chapter four of his book *The New Economics*. It consisted of the interrelationship of appreciation for a system, knowledge about variation, the theory of knowledge, and psychology. Profound knowledge is the basis for the application of Deming's Fourteen Points. The W. Edwards Deming Institute focused on providing research, education, development and support.

Another major contributor to the quality movement was Joseph M. Juran. Followers of Juran claim his major contribution to be in the field of quality management, and they consider him to be the “father” of quality (Juran Institute, n.d.). There are many similarities in the careers of Deming and Juran. According to the Joseph M. Juran Center for Leadership in Quality in the Carlson School of Management at the University of Minnesota (n.d.), Juran received his BS in electrical engineering and a law degree. He worked in the Inspection Department in Western Electric's Chicago Hawthorne Plant. Juran also served the war effort during World War II in the Lend-Lease Administration where he led a team that re-engineered the shipment process. In 1945 Juran became an independent personal consultant in quality management. Shortly after Deming's first visit to Japan, Juran was invited by JUSE to deliver a series of lectures. The Joseph M. Juran Center for Leadership in Quality concludes:

Taken together, the visits represent the opening chapter of a story that every business manager in every country in the world knows by heart—Japan's remarkable ascent from its pre-war position as a producer of poor quality,

manufactured goods for export to its current reputation as a world paragon of manufacturing quality. (p. 3)

In 1951 Juran published what many consider to be the standard reference book on quality control, the *Quality Control Handbook* which today is in its fifth edition (Juran Institute, n.d.) In 1979 Juran founded the Juran Institute for the purpose of “... providing research and pragmatic solutions to enable organizations from any industry to learn the tools and techniques for managing quality” (p. 1).

In 1988 Juran published *Juran on Planning for Quality* and reaffirmed the Juran Trilogy®, “... three basic managerial processes through which we manage for quality” (p. 11). Originally introduced in 1986 in *The Quality Trilogy*, the trilogy is comprised of quality planning, quality control and quality improvement (Juran Institute, n.d.). All three processes are interrelated. Juran noted that the processes themselves were not new but had been around for a long time. “What is new is applying the trilogy concept to managing for quality and doing so with a structured approach” (Juran, 1988, p. 13).

The Joseph M. Juran Center for Leadership in Quality (n.d.) at the University of Minnesota’s Carlson School of Management has served as a repository of Juran’s work since 1997. The Center “... serves as a collective institutional memory for organizations seeking to make permanent their quality advantage, as well as for scholars examining various facets of leadership in quality” (p. 1).

Today the quality movement is found in many different organizations and goes under many different names. The American Society for Quality (ASQ) (n.d.b) lists the following as organization-wide approaches: Total Quality Management, Lean, Six Sigma, Benchmarking, ISO 9000 and other standards, and the Malcolm Baldrige

National Quality Award. Frazier (1997) identified the terms total quality management, total quality control, quality advancement, continuous quality improvement, and quality improvement as some of the array of terms used to refer to quality.

Regardless of the name it is called, Frazier (1997) emphasized that continuous quality improvement (CQI) is a means to an end, not the end itself:

CQI is a process that is universal in application. It is a process for managing systematic change equally applicable to the public sector as it is in the private sector. In its purest essence CQI provides the linkage between outcomes and the processes by which outcomes are achieved. (p. 2)

The actual definition of quality is as elusive as the terms used to define it operationally or philosophically—as it was different for each of its earliest proponents. Murgatroyd and Morgan (1993) attempted to capture the definition of quality by looking at three basic definitions: quality assurance as determined by standards and evaluation; contract conformance as determined by a specified, negotiated standard for a contract; and customer-driven quality as determined by meeting or exceeding the expectations of customers. Murgatroyd and Morgan believe that today's quality revolution "... places emphasis on customer-driven quality supported by contract conformance and quality assurance" (p. 51). Fundamentally, then, it does not have to be one or the other, but a balance of all three depending on the organization, the environment both external and internal, and the theory or model upon which it organizes its mission, vision, leadership and planning.

Malcolm Baldrige National Quality Award (MBNQA)

Malcolm Baldrige was U.S. Secretary of Commerce from 1981 to 1987. He was an active proselytizer of quality management as a key to U.S. prosperity and strength. He helped draft the initial beginnings of the act known as Public Law 100-107, which was signed into law by President Ronald Reagan in August of 1987 (Bender & Schuh, 2002; National Institute for Standards and Technology (NIST), n.d.b; Ruben, 2004; Sallis, 2002). The law amended a previous technology innovation act by establishing the MBNQA with the purpose “of encouraging American business to practice effective quality control in the provision of their goods and services” (NIST, n.d.b). Awards are given to deserving companies through a rigorous application and review process, and information about these companies and their successful strategies and programs are disseminated broadly. Awards are made by the President of the United States or the Secretary of Commerce to companies or organizations “... that have substantially benefited the economic or social well-being of the United States through improvements in the quality of their goods or services resulting from the effective practice of quality management....” (NIST, n.d.b). Since 1988, 68 Baldrige Awards have been presented to 64 organizations (NIST, n.d.c).

Quality in Higher Education

Institutions of higher education talked about quality for many years before the business community determined that it was important (Burke & Minassians, 2003). “Unfortunately, the academic community never determined with any precision the objectives of undergraduate education nor developed systematic methods for

assessing campus achievements” (Burke & Minassians, p. 7). Resources and reputation have been the determining factors in institutional excellence in higher education for the last 20-25 years. That is to say that institutional excellence has been about “... the quantity of campus resources, the quality of admitted students, and the reputation of faculty research ... and nothing about the quality or the quantity of the services provided to students, states, and society...” (Burke & Minassians, p. 7).

Daniel Seymour (1997) provided another view of the history of quality in higher education. He cited the intersection of decreasing confidence in higher education beginning in the mid 1980s and the increasing application of quality principles in industry as espoused by W. Edwards Deming, Joseph Juran, and Philip Crosby as the pivotal beginning. The perceived lack of unresponsiveness from higher education to the complaints of parents, students and legislatures was matched by a “high riding” quality movement in corporate America (p. 5). Inevitably the question arose about the application of quality principles to higher education.

Seymour (1997) noted that higher education responses to the question were as varied as an unequivocal “no” to “maybe.” “The mere fact that quality principles had an industrial heritage was enough for many campus members to dismiss the initiative as unseemly. Common arguments centered around language, measurement and facts” (p. 5). Institutions that did venture into the quality initiative often times did so superficially. They often failed to see that “the use of quality principles and practices is a means to an end, not an end in itself” (p. 5). Thus TQM on campus often became the management fad that prognosticators had said it would be.

Seymour (1997) described higher education institutions as adaptive organizations that are “... survival driven, reactive in nature” (p. 7). Historically they have been resistant to change and take comfort in the ways things have always been. Seymour suggested that adaptive organizations function successfully as long as the environment was stable. When the environment becomes dynamic, “... status-quo thinking remains predominant to the point of ignoring or minimizing serious questions or concerns” (p. 7). Thus, he suggested, was the situation higher education found itself in the 1980s and 1990s.

Seymour (1997) suggested the emergent organizational learning paradigm answered the challenges to the adaptive organization and aligned with quality principles and practice. A learning organization has change embedded in its culture and is anticipatory not reactive. It focuses on clear goals, key processes to achieving better results, management by fact, and “... cycles of planning, execution, and evaluation” (p. 7).

In summation, Seymour (1997) states:

Quality principles and practices can be applied to any system.... But their real value accrues only when they are applied within an environment that is actively building a methodology for learning—a goal, a process, a measure, and a cycle for planning, executing, and evaluation. Only within that paradigm can our colleges and universities begin the work of charting their own futures. (p. 10)

In another reflective look at Total Quality Management (TQM) and its use in higher education from the late 1980s until the mid-1990s, Tyrone Holmes (1996) identified several problems with TQM in the academy. He indicated that the

organizational process improvement had become a primary goal instead of a means to end. According to Holmes, improvement in critical higher education outcomes was being lost. Secondly, the creation of “cumbersome quality bureaucracies” had undermined the aims of teamwork and employee empowerment. A third concern was the failure to identify and involve customers—especially students—in the quality improvement process. Finally, there was the lack of top leadership involvement and support in TQM initiatives.

Holmes (1996) also indicated that the most imposing barrier to TQM’s use in a higher education context was its corporate management philosophy. Terminology and the perception of it being another “management fad” were a challenge. The lack of faculty enthusiasm for team and customer approaches was another. “... Faculty tend to be individualistic and limit their commitment to their programs and academic units” (p. 2).

Despite these barriers, Holmes (1996) felt that TQM concepts had significant benefits to student affairs and higher education. He believed that few higher educators would contest a focus on “... quality services, developing and empowering employees, or improving organizational processes” (p. 3).

Freed and Klugman (1997) also suggested that the business-oriented language of continuous improvement had been one of biggest barriers to its use in higher education. Freed and Klugman went on to say, however, that the recipients of the MBNQA provided evidence of changed institutional cultures. Impartial guidelines, objective judging, the use of data to support the report, and benchmarking against the standards had nurtured trust in the process. Feedback from higher education

institutions that had gone through the process indicated that although data collection seemed time consuming in the beginning, in time, people automatically collected it before they made decisions and realized that decisions were better as a result.

Sallis (2002) suggested that the use of self-assessment is the first diagnostic step toward total quality. Using a self-assessment model allows an organization to discover and document its strengths and weakness and to decide how best to make improvements. It is from this point that the organization can develop action plans for continuing development.

The MBNQA in Higher Education

In 1993 a group of Academic Quality Consortium (AQC) institutions initiated an investigation of the value of a MBNQA for higher education (Seymour, 1995). They formed a “loose partnership” with the MBNQA office and agreed to conduct self-assessments using the 1994 Baldrige criteria for business as a model. It allowed MBNQA to have actual case materials for consideration in developing a new category for education and for the AQC institutions to garner experience using the set of values, framework and criteria that had worked successfully for performance improvement in business.

The AQC pilot project institutions categorized the core values of the Baldrige Award by “impact” and “fit” (Seymour, 1995). Those that were high impact and medium or high fit were considered opportunities. Those values that were of low fit and medium or high impact were considered problems. Investment in strengthening the former could have “substantial payoffs” and in the latter are “... difficult but the

return on that investment can be tremendous—in effect, work in these areas is an exercise in converting problems to opportunities” (Seymour, p. 11).

One problem identified was the core Baldrige value of employee participation and development. The AQC pilot project institutions indicated that it did not fit with the higher education culture. Faculty especially saw “development” as an addition to normal work and not as an investment in them but as an added chore. Another problem was the Baldrige value of fast response. “... The idea that doing things faster is something to be valued is foreign to higher education” (Seymour, 1995, p. 13). The challenge is to identify where fast response is valuable (such as bringing new curriculum on line) and where reflective practice should be emphasized.

A third and significant problem was with the Baldrige language of “customer-driven quality”. For faculty the connotation about who is served was important and difficult. Faculty saw themselves as “dispensers of wisdom” and believed that students didn’t really know what they wanted and seeing them as customers put them in charge of what they did not know. Simply put, “... customer-driven quality is not a widely held value on college campuses” (Seymour, 1995, p. 14).

As reported by Seymour (1995) the AQC Baldrige study determined that the inability for higher education institutions to see themselves as customer-driven leads them away from the focused attention and common aim that it provides for business.

Our disciplinary structure and organizational divisions create barriers within which the occupants see themselves and their supervisors as the customers—not the next person in line or the end user. The result is tremendous waste: duplication of efforts, needless complexity, and high overhead.

Customer-driven quality, then, is a value that has low fit and high impact on a college campus. It is a problem that, properly dealt with, is a tremendous

opportunity for our institutions. A strong customer focus can lead to greater morale, as people work together to achieve a common goal; greater productivity, as waste is reduced; and greater effectiveness, as the institution begins to deliver customer-pleasing services. Problem: How do we minimize the language difficulties that swirl around the word ‘customer,’ while aggressively pursuing the concept of customer? (p.14)

The fourth problem the AQC institutions had with the Baldrige core values was around the concept of continuous improvement. According to Seymour (1995) many institutions reacted to the Baldrige as an accreditation exercise that was completed when the award application was completed rather than a continuous practice of improvement. What some participants seemed not to understand was that feedback begets change and improvement, which begets more feedback as you build toward an iterative process cycle.

As with problems, there were four opportunities (high impact and medium to high fit) in the AQC study as reported by Seymour (1995). The first came in defining leadership in the loosely coupled higher education environment. Many times leaders in the AQC study were not simply those who were senior in the organization or identified by title. The second opportunity came with the “design quality and prevention” core value. Language became a problem again with faculty not seeing that the interaction between faculty and students could be or should be “designed.” Also the higher education environment was viewed as more static than the world of business and industry. The challenge was for higher educators to understand that systems, such as curriculum, can and should be designed.

A third opportunity came from the Baldrige value of building partnerships both internal and external. Depending upon discipline, this was somewhat easier to under-

stand. The cautionary underpinnings had to do with autonomy and the threat to it with shared power. According to Seymour (1995),

The other problem involves the unwillingness or inability to promote collaboration within the institution. We discourage collaboration on college campuses. We are organized along disciplinary lines that exhibit hard edges and strict membership rules. And we reward independence—the solitary researcher, the entrepreneur, the sole author. (p. 17)

Seymour (1995) concluded that the partnership opportunity for higher education is that collaborative efforts give us more than we ever give up.

The fourth opportunity surrounded the Baldrige core value of “management by fact.” As Seymour (1995) noted, higher education has a high fit with this value. However, institutions in the study noted that although this makes sense for higher education, most institutions struggle to measure what they do. Even if the institution was getting better at the process of gathering data, it wasn’t always clear that they were using the data to manage the institution.

Two values, corporate responsibility and citizenship and long-range outlook were considered by AQC study participants as somewhere between a problem and an opportunity (Seymour, 1995). Higher education has a special historical and traditional relationship with society, but the Baldrige language gave it a much more narrow business slant. Although there was an articulated appeal and desire for long-range planning, institutions reported short-run, reactive operations and thinking.

Seymour (1995) went on to report about the experience that the AQC study institutions had with the seven Baldrige criteria. Leadership had already been

identified as difficult to describe in higher education because it occurred in many places and at different levels. Planning criteria in the study institutions had little relationship to meeting customer needs. Participants generally agreed that student learning was becoming the driving force in their institutions and as such, student and stakeholder criteria were becoming a focus. In the criteria for information management and analysis, study institutions saw the contribution Baldrige could make to higher education—data intensity, defining performance indicators, and improvement. When it came to the criteria for institutional human resources, study participants were surprised to note how little time they spent on the people who made education happen at their institutions. The criteria for process quality were the most problematic. Although institutions could see that the learning process was core to the university, the language in the criteria and its relationship to curriculum was most illusive. The final results criteria left study participants recognizing how little they knew about results from key performance indicators. “*The only things we measure, have trend data, and benchmark are the easy pickings—the U.S. News Best College stuff...*” (p. 21).

Seymour (1995) also identified what he called “cross-criteria insights.” AQC study institutions made numerous references to the time they spent trying to understand the meaning of the criteria as well as to sorting information and finding where it fits. Another insight was that it was often difficult to balance a “wide-angled systems view with a narrow angled process view” (p. 21). Participants felt that it was possible to so concentrate on the specifics that they lost institutional uniqueness or institutional

“heart”. On the other hand, if they tried only to capture the essence of an institution, they had major holes in addressing the category under review.

Seymour (1995) reported that institutions were asked their views on the scoring dimensions of the Baldrige award criteria. “Approach” scoring is about how the institution addresses the requirements. “Deployment” refers to how extensively the approaches are applied to all relevant units and activities. “Results” are the outcomes in achieving purposes. Participant institutions generally felt that “approach” is what they did well—describing methods, procedures and approaches. “Deployment” on the other hand, was an area of struggle. Because of the decentralized and loosely coupled nature of higher education, communication barriers prohibit the proliferation of ideas across functional areas. Also, independence of individuals within functional areas also worked against “deployment.” “The pockets of success that were referred to by respondents are a logical manifestation of the inability of an organization to apply approaches to ‘all relevant work units,’ as described in the Baldrige” (p. 25). It is logical then that “results” are negatively affected by the inability to deploy an approach. Bottom line, according to Seymour is that “... (results), while difficult to measure can be done. Results can be measured. We just haven’t had to—or wanted to—do it” (p. 25).

The final question that AQC participants addressed was a reflection on the pros and cons of using the Baldrige as a means of improving institutional performance (Seymour, 1995). The results were five themes for cons which were tough challenges and five themes for pros that could be “winners” for higher education.

The first con was “death by assessment” which was the compilation of demands from accreditation bodies, program reviews, and governmental requests for data, to name a few. “At times, it must seem as though there is not time left for doing our regular jobs. And then along comes the Baldrige” (Seymour, 1995, p. 27). Seymour indicated that Baldrige self-assessment must become part of the process of these other demands on the institution. “If you don’t weave it into something else that you are doing, so that it replaces something else, I don’t think people will be willing to do it. Between program reviews and accreditation, if we can’t weave it in, it’s going to die” (p. 27).

The second con was higher education’s decentralization, which affected both leadership as a value and criterion, partnership and deployment. These realities severely challenged use of Baldrige for higher education. A third con was the dislike of the concept of a prize or an award which seemed to hide the real value of the process and its outcomes. According to Seymour (1995):

The result is a positioning problem for the Baldrige in higher education. Before the fact, our cynicism drives us to challenge the need to engage in any activity that might be construed as competitive in nature; after the fact, our egocentrism ensures that we will dismiss any inclination to learn from the winners. (p. 29)

The fourth con resided in the language of Baldrige, and most specifically in the word “customer.” “Customer” permeates the Baldrige award values, Criteria, and items within each Criteria. Seymour (1995) noted that many AQC participants spoke about the time they spent talking about what the Criteria meant. Seymour posited that there is not only the worrisome issue of imposing business language on the

uniqueness of higher education, but also there were fundamental differences beyond words to the assumptions they imply.

Seymour (1995) noted that the fifth con surrounded the difference between quality which most of higher education embraced and claimed and the Baldrige concept of quality by design. For Seymour:

This (Baldrige) use of the term suggests that quality is the degree to which a class of products or services satisfy the requirements of the customer. As such, it is something that can be designed into the processes that deliver those products and services; and it is something that can be continuously improved. (p. 30)

Seymour (1995) quotes an institution that is part of the North Central Association of Colleges and Schools accreditation region. The institution believed that North Central was asking for the level of student achievement beyond higher education's normal input and output mentality and asking about the process in between. For Seymour:

The problem is that quality—Baldrige quality, that is—takes a lot of work. The culture of the college campus already has a way to think about quality: self-described excellence, resource accumulation, and accreditation standards. These are straightforward and well accepted. Why would anyone want to pursue a kind of quality that is difficult to understand and even more difficult to do? (p. 31)

Seymour (1995) showcased five “winning concepts” or pros that emerged from the AQC participants' experience with the Baldrige process and Criteria. The first was the big picture that is produced and the benefits that accrued from thinking more holistically and from seeing how “... discrete parts connect with one another” (p. 31).

Use of the Baldrige helped thinking in whole not parts and in systems not functions. The second pro was that the process gave an institution (and different types of institutions) the ability to "... use a common language to speak to one another" (p. 32). Participants viewed the use of Baldrige as a way to overcome the problems of decentralization between departments, colleges, and units within an institution and barriers that prevent higher education from thinking that a research institution and a community college cannot learn from one another.

The third pro identified by Seymour (1995) was moving the locus of control for research and reports generated by the demands of people from outside the institution back to the college campus where Seymour believed it belongs. Rather than spending resources and time answering accountability demands from external constituencies that believe higher education has not been responsive, use of the Baldrige as a self-assessment instrument shifts the control back to the institution and does, in fact, provide the accountability that external publics have been demanding.

Seymour (1995) identified the Baldrige as providing a methodology for learning which is the fourth pro. That involved both using assessment to learn and to be honest. "Perhaps the best analogy is that accreditation is like dating someone (looking and acting our best for snippets of time), while a Baldrige self-assessment is like living with them—all of a sudden the 'real you' is exposed" (p. 34).

The final pro identified by Seymour (1995) was a number of what Seymour calls "motivational uses." One such use was the focus on specific needs that the use of Baldrige Criteria provides an institution. The Baldrige can be used as a "... checklist to inform specific reallocations of time, energy, and other resources..." (p. 34). The

Baldrige can also be used as an instrument for change. Seymour said, “By that I mean it can incite discontent with the status quo” (p. 34). He went on to support this notion by saying that sometimes institutions need the tension from seeing weakness to get real improvement.

In 1995 health care and education versions of the Baldrige were developed and pilot-tested (Bender & Schuh, 2002; Ruben, 2004). In 1998 the National Baldrige Criteria was formally adapted for educational institutions. The education category includes colleges, universities and university systems as well as schools or colleges within a university (Bender & Schuh, 2002; NIST, n.d.; Ruben, 2004). The original “business-based” language changed focus to education-related terminology and to learning-centered education. The new education criteria focused on two main goals: (1) delivery of continually improving value to students and stakeholders, and (2) improvement of overall institutional effectiveness (Nitschke, 2000).

According to Nitschke (2000) The Baldrige Criteria is “the world’s most widely accepted model for leading an effective organization...” (p. 3). He emphasized its value as a proven and systematic process for performance improvement without telling higher education how to run its institutions. That value included an improved understanding of current performance, identifying the highest priorities for improvement, and building a long-term commitment to self-assessment. For Nitschke the value of the Baldrige moved higher education beyond simply meeting the compliance requirements established by others. The challenge was to create a balance between the externally driven compliance demands and the requirements of higher education’s customers.

The Malcolm Baldrige Criteria for Performance Excellence offered a non-prescriptive and adaptable process for educational institutions and their component parts (Moore, 1996; Padro, 2003). “The expectation is that the concepts embedded within the criteria of the Baldrige program are useful and applicable to most, if not all, types of endeavors” (Padro, 2003, p. 3). The Baldrige process also seeks to establish “... an approach to deployment toward meeting strategic and operational goals...” (Padro, 2003, p. 4).

In 2001, the first three education Award recipients were named—the Chugach School District (Alaska), the Pearl River School District (New York), and the University of Wisconsin-Stout (NIST, n.d.c). In 2003 the Community Consolidated School District 15 (Illinois) and in 2005 the Kenneth W. Monfort College of Business were Award recipients (NIST, n.d.c).

In 2003 the Booz Allen Hamilton, Inc., a global consulting firm, assessed the attitudes of senior leadership toward the Baldrige National Quality Program for the National Institute of Standards and Technology (NIST). Generally they discovered a positive and overarching recognition for the Baldrige Award across the eligible sectors: manufacturing, service, education, health care, and small business. They noted, however, that 50 to 80% of the education, health care and small business organization leaders surveyed had little to no familiarity with the Criteria for Performance Excellence and indicated a range of uncertainty about the value of the Baldrige Award or its Criteria. “Leaders most familiar and involved with the Baldrige Program suggested that the greatest barriers to organizations applying for the Baldrige

Award or using the Criteria for Performance Excellence...” included this very lack of familiarity and understanding of either the Award or the Criteria (p. 3).

In telephone interviews with Award recipients, Booz Allen Hamilton, Inc. (2003) discovered that recipients had already been focused on performance improvement before finding the Baldrige Criteria. Award recipients, especially smaller organizations, described “difficulty in grasping the language or concepts described by the Criteria” (p. 7). It was time and persistence in reading and applying the Criteria that brought clarity. Recipients also identified senior leadership support and “infusion of the Criteria into the organizational culture through internal communication and promotion” as the main keys to success in implementation (p. 8).

Respondents said the greatest problems they encountered when attempting to implement the Criteria were the learning curve associated with the Criteria themselves, the necessary culture change required to implement the Criteria, and acceptance of the Criteria among employees and staff. (Booz Allen Hamilton, Inc., 2003, p. 9)

In an online survey of education, health care and small business leaders, Booz Allen Hamilton, Inc. (2003) found that among education leader respondents views regarding the extent to which four performance approaches (Baldrige Criteria, Six Sigma, ISO 9000, Balanced Scorecard) were relevant to the field varied widely. Respondents viewed the Baldrige Criteria as more relevant than the other three but there was “a high level of uncertainty or unfamiliarity ... about the relevancy of the performance approaches in the first place” (p. 16).

In a more recent review of higher education experiences with the Baldrige Criteria for performance excellence in education, the Chancellor, Assistant Chancellor for Assessment and Continuous Improvement, and the Vice Chancellor for Administrative and Student Life Services at the University of Wisconsin-Stout (2001 Baldrige Award winner) edited a book that chronicled the experiences of six diverse institutions (Sorenson, Furst-Bowe, & Moen, 2005). All institutions adopted the MBNQA for education as their approach to achieve academic and administrative excellence. The institutions profiled in Sorenson et al. submitted self-assessment applications for review and scoring through a state quality award program or the MBNQA program.

Because the Criteria are nonprescriptive and comprehensive, Sorenson et al. (2005) believed they can and do fit any higher education institution.

Each school is different, yet the model is effective because it is mission-driven—each institution uses it uniquely. It is also comprehensive; thus, all aspects of a college or university can be examined and processes deployed to ensure that the effective measures of continuous improvement are in place. (p. 13)

In concluding their study of these six institutions, Sorenson et al. (2005) articulated their belief that the Baldrige approach would “penetrate higher education due to its adoption by higher education boards composed in part of successful business leaders” (p. 218). Reinforcement of this trend also would come from the focus of accrediting agencies on quality assurance and enhancement.

Northwest Missouri State University is a comprehensive, state-assisted regional university. According to its president, Dean L. Hubbard, the institution began a

quality journey in 1984 when he presented a vision of an institution based on quality principles (Hubbard & Oehler, 2005). The campus participated in several Baldrige-based self-assessment programs at the state and national levels and received the Missouri Quality Award in 1997 and 2001.

To describe its journey, Hubbard and Oehler addressed six of the MNBQA criteria. Senior leaders' charge is to create and maintain a climate embedded in the institution's core values and vision statement. That climate "... promotes empowerment, innovation, safety, equity, agility, learning, and legal and ethical behavior" (Hubbard & Oehler, 2005, p. 148). Those expectations are articulated in each cabinet member's job responsibility and evaluation. Strategic planning and action plan development is guided by the Northwest Quality Systems Model which is the responsibility of the Strategic Planning Council which "... includes representatives of the entire university community, plus key partners and other stakeholders" (p. 153). Once strategic initiatives have been established, they are "... implemented and sustained at the department, unit, and individual levels through the Seven-Step Planning Process" (p. 159). Included in the planning process is periodic self-assessment using the Baldrige criteria. The institution employed the MBNQA seven times between 1994 and 2003.

Category Three, market, student and stakeholder focus, includes an environmental scan to identify trends that affect the campus and its position in the market. Student data are collected from prospective students, new students and parents. Northwest describes a "... listening and learning system [that is] comprehensive, multifaceted, and longitudinal" (Hubbard & Oehler, 2005, p. 160). Student and stakeholder needs

and satisfaction are determined by a myriad of surveys, focus groups, and advisory groups.

Measurement, analysis, and knowledge management, Category Four, is driven by the Seven-Step Planning Process used by leadership and in the institution's strategic planning process. It also is used to identify comparative data requirements and sources. The institution employs a balanced scorecard approach to data management, and the information is available to the campus through the institution's Electronic Campus, "... a system of networked computers in residence hall rooms and offices on campus, as well as several special use labs" (Hubbard & Oehler, 2005, p. 161).

Like many campuses, Northwest Missouri State is structurally organized around "... discipline-based academic departments, administrative and academic support functions, student affairs, information technology, communications and marketing, and institutional advancement" (Hubbard & Oehler, 2005, p. 169). Each area is led by cabinet members who have responsibility to ensure that the unit's mission, goals and objectives align with the institutions. "Although organized by function, Northwest has a strong team-based culture built around cooperation and collaboration" (p. 169). Work is typically performed in one of three team environments: work-center teams, cross-functional teams, and ad hoc teams. The University also has a well-defined performance management system, hiring and career progression systems, and training, education and development plans. "Success in achieving its quality goals is the benchmark against which Northwest measures the effectiveness of training" (p. 172). The institution employs separate approaches for faculty and staff to determine well-

being and satisfaction. Satisfaction, however, results from both are "... rolled up and analyzed by the provost, the vice president for finance, and the human resources director..." in order to improve satisfaction and morale (p. 173).

Northwest's process management come from its mission statement and include both instruction and student services. The Seven-Step Planning Process is used to determine, design, deliver, and improve all learning and support processes.

Deployment of the Baldrige process requires "... that virtually everyone at the university understands and is involved in the Northwest Quality Systems Model..." and as a result has become deeply embedded in the organizational culture (Sorenson, et al., 2005, p. 5).

Use of the MBNQA Criteria also has found a comfortable home in the higher education community college ranks. Brian Cooke (1996) in an address to the International Conference on Teaching and Leadership Excellence identified the Baldrige Award Criteria as an effective effort for community colleges in planning, management, and assessment and to complement regional accreditation. Five core precepts of the Baldrige system make it an effective administrative system to achieve institutional performance objectives. Because the Criteria are non-prescriptive and focus on results, institutions are free to develop and demonstrate their own unique approaches to the basic requirements. The Criteria also are comprehensive and form a unified framework that emphasizes interdependence among all institutional units, programs and processes. Reinforcing the unified framework is the Criteria's emphasis on alignment that addresses improvement throughout the institution. Because the Criteria encourage planned change and continuous improvement, a systematic

approach to planning, implementation of plans, assessment of progress, and improvements to the plan based upon assessment findings result. Finally, the Criteria and scoring guidelines provide a valuable self-assessment tool for identifying institutional strengths and opportunities for improvement.

Cooke (1996) identified three characteristics common to community colleges that he believed the Baldrige Criteria help recognize and address with constructive results. These three biases seemed common to higher education in general and to component parts such as colleges and divisions of student affairs. The first bias was an internal administrative and instructional focus that can distance institutions from their students and communities. “The Baldrige Criteria requires colleges to maintain an external focus that emphasizes current knowledge of student, stakeholder and community needs and expectations” (p. 5). The second bias was a program focus where instruction and services have been designed and supervised as independent units. Such a focus can lead to redundancy or gaps in both instruction and services. “The Baldrige Criteria requires colleges to identify and integrate programs throughout the institution with specific emphasis on cross-functional alignment, communication and cooperation” (p. 5). Lastly, Cooke believed that colleges favor summative assessment of student achievement and institutional effectiveness, which can “delay or eliminate in-process assessment of student achievement or service quality” (p. 5). The Baldrige Criteria help institutions develop formative measures in ways that can immediately impact teaching, learning and student services.

Some institutions such as Austin Community College (ACC) in Austin, Texas, have used the Baldrige Criteria for Performance Excellence as a self-assessment tool

in what ACC described as “the early stages of our journey toward performance excellence” (Fisher, 2000). ACC involved 39 staff from a cross-section of institutional functions and levels to function on one of seven Baldrige criteria teams. Trained on the Baldrige criteria and techniques for conducting a self-assessment, the teams completed 21 interview sessions and various document reviews in March and April of 2000. The outcome was a self-assessment document that identified ACC’s strengths, opportunities for improvement, and short and long term strategic planning issues.

According to ACC, the benefits of conducting this self-assessment and developing action plans for improvement are:

- To jump start change initiatives
- To energize improvement initiatives
- To focus on common institutional goals
- To ensure that there is a clear connection between the key issues and the systematic approach embodied in the Criteria for improving the College’s performance practices
- To ensure that senior leaders are aware of the key issues facing ACC
- To ensure that communication is directed to all employees (Fisher, 2000, p. 1)

In 1994 San Juan College received a New Mexico state level award based on the Malcolm Baldrige Education Criteria. Based on the experiences of Dr. Nelle Moore (1996), Director of Institutional Research and Planning at the college, the Malcolm Baldrige Award process “... is much more rigorous and much more to the point” (p. 4) than undergoing a 10-year re-accreditation process. “The accreditation process is based on meeting minimal standards and has nothing to do with quality” (p. 4).

Moore’s (1996) experience at San Juan College with the new 1995 Malcolm Baldrige Education Pilot Criteria affirmed that the offensive language of “customer”, “product” and “supplier” had been eliminated without diluting the value of the

Criteria. “The Education Criteria are therefore more accessible to educators and still hold educational institutions to the same standards as business” (p. 4). Another plus for Moore was that the Feedback Report received from the Quality New Mexico evaluators is “... entirely based on how the organization measures up against the MB Criteria and is not prescriptive about what the organization should or should not be doing” (p. 6).

According to Moore (1996) the real transformational power with using the Malcolm Baldrige Criteria is from the change in asking “how” and not “what.” She said,

By describing how the institution approaches each category, the discussion is focused on processes and systems. A typical shortcoming in self-assessment reports is to describe what is done. Educational institutions are typically engaged in a large number of activities and can readily describe what they can do. The change in thinking that is required to describe systems and process brings forth a critical realization; the many activities that we do are seldom connected in a systematic way and just as infrequently evaluated as processes. (p. 6)

Also in higher education but not in an individual college or university, the framework of the Malcolm Baldrige Criteria for Performance Excellence has influenced some regional accrediting agencies. The Middle States Commission has published a document on the characteristics of excellence in higher education that reflects the Baldrige criteria (Ruben, 2004; Wright, 2002). The North Central Association of Colleges and Schools (NCA) has introduced an optional accreditation process called the Academic Quality Improvement Project (Bender & Schuh, 2002; Ruben, 2004; Sorenson et al., 2005; Wright, 2002). The development of a Quality Enhancement Plan is a requirement for institutions served by the Southern Association of Colleges and Schools Commission on Colleges (Sorenson et al., 2005; Wright, 2002).

NCA's Academic Quality Improvement Program (AQIP) was initiated in 1999 with a Pew Charitable Trusts grant (AQIP, n.d.c)

... To infuse the principles and benefits of continuous improvement into the culture of colleges and universities by providing an alternative process through which an already-accredited institution can maintain its accreditation from the Higher Learning Commission of the North Central Association of Colleges and Schools. (p. 2)

AQIP identified 10 principles of high performance organizations: focus, involvement, leadership, learning, people, collaboration, agility, foresight, information and integrity (AQIP, n.d.d). Although given different names than the Baldrige core values and concepts, the values are remarkably similar. As with the Baldrige value of a systems perspective (Baldrige National Quality Program, 2006), "What most distinguishes AQIP from traditional reaccreditation is its concentration on *systems and processes* both as the basis for quality assurance and as the lever enabling institutional improvement" (AQIP, n.d.c, p. 3-4). In order to participate in AQIP an institution is required to complete a "preliminary, quality-based self-assessment" (AQIP, n.d.d, p. 1). AQIP, *Self-Assessment*, informs institutions of the need for a systems perspective in light of higher education's traditional focus.

Higher education traditionally compartmentalizes itself, relegating each process to a particular organizational unit. The admissions office *recruits students*, the faculty *maintains education standards and expectations*, ... the student affairs staff *promotes student activities and development*.... Yet when we examine things realistically, we know better than to believe that these compartments contain and control the processes we associate with them.

... A major gap in most institutions is the absence of anyone—either an individual or group—empowered with authority and charged with accountability for managing these larger systems. (p. 1)

There are nine AQIP categories compared to the seven Baldrige categories. Each one, however, tracks to one of the Baldrige seven. They are: Helping students learn (Baldrige process management and results); accomplishing other distinctive objectives (Baldrige process management and results); understanding student's and other stakeholder needs (Baldrige student, stakeholder, and market focus); valuing people (Baldrige faculty and staff focus); leading and communicating (Baldrige leadership and results); supporting institutional operations (Baldrige process management and results); measuring effectiveness (Baldrige measurement, analysis and knowledge and results); planning continuous improvement (Baldrige strategic planning and results); and building collaborative relationships (Baldrige process management and results) (AQIP, n.d.b).

In 2005 AQIP recorded 141 participating institutions (AQIP, n.d.a) representing 16 of 19 states in the NCA region (NCA, n.d.). In 2002 that number was 50 which was up from 28 in 2001 (Wright, 2002).

According to Sorenson et al. (2005) in addition to regional accrediting agencies, some program-specific accrediting bodies such as ABET, the Accreditation Board for Engineering and Technology, and NCATE, the National Council for Accreditation of Teacher Education "... are moving in the direction of an outcomes-based, continuous review process rather than the traditional periodic assessment..." (p. 5).

An independent attempt in applying the Baldrige standards to higher education is the *Excellence in Higher Education (EHE)* Program that was developed to adapt the

“... accepted standards of organizational excellence” (Center for Organizational Development and Leadership, n.d., p. 4) of the MBNQA “... to the particular needs, culture, and language of colleges and universities” (p. 3). *EHE* is a tool for institutional self-assessment, strategic planning and prioritizing. Outcomes from using the *EHE* process are articulated strengths and weakness and priorities for improvement.

EHE is designed for adaptability to any institutional mission and to any academic or administrative department within an institution. Although the work of supporting departments such as student affairs is not directly involved in instruction, their work is vital to an institution and its stakeholders (Ruben, 2004). Since the development of the *EHE* program at Rutgers, a variety of institutions have participated to include the University of California-Berkeley, University of Wisconsin-Madison, the University of Pennsylvania, the University of Illinois and the University of Massachusetts. A wide variety of academic units have participated as well as administrative and student life organizations (Center for Organizational Development and Leadership, n.d.).

EHE uses the language of higher education (Bender & Schuh, 2002; Ruben, 2004). The *EHE* framework includes the seven MBNQA categories renamed to (1) leadership, (2) strategic planning, (3) external focus, (4) information and analysis, (5) faculty/staff & workplace focus, (6) process effectiveness, and (7) outcomes & achievements (Center for Organizational Development and Leadership, n.d.).

There are four basic steps to the *EHE* process: self-assessment; improvement prioritization; project planning; and project implementation, report out, and recognition. The Assistant Vice Chancellor, Business and Administrative Services,

University of California-Berkeley is quoted in the Center for Organizational Development's brochure:

The Excellence in Higher Education model provides major research universities with a very efficient and effective tool for performing thorough and relevant organizational assessment. The framework has had a significant influence on the way in which Berkeley's departments are currently evaluating themselves. (p. 2)

The Texas Award for Performance Excellence Education (TAPEE)

Quality Texas began conceptually in 1990 from the Texas governor's office. It was joined in 1991 by the Texas Department of Commerce and Texas businesses to deliver quality awareness seminars. At the same time, EDS Corporation was spearheading the effort to create a state quality award. In 1993 due to efforts of a development committee of state, business, and education representatives, the Texas Award for Performance Excellence (TAPE) was born and applications first accepted. Quality Texas was established in 1994 as an independent corporation to administer the Award (Quality Texas, n.d.).

The TAPE was designed to recognize quality achievement in Texas businesses, government and educational organizations. The education criteria for TAPE goals are designed to promote results that deliver "... ever-improving value to students and stakeholders...", improved overall institutional effectiveness and capacity, and "institutional and personal learning" (Quality Texas Foundation, 2003). In addition, the TAPE has a phased level approach to achieving the MBNQA Criteria. Option I (Self-Assessment) is based on an organization that is just beginning the quality

journey. Option II (Progress Level) is based on an organization that is making significant achievements. Option III (Award Level) is for an organization excelling in management and achievement and is applying for the TAPE. The Option II self-assessment is an appropriate transition strategy in moving organizations that are just learning about quality to the national standards of performance excellence (Quality Texas, 2005).

The TAPEE is based on the same core values as the MBNQA for education: visionary leadership; learning-centered education; organizational and personal learning; valuing faculty, staff, and partners; agility; focus on the future; managing for innovation; management by fact; social responsibility; focus on results and creating value; and a systems perspective. “These values and concepts ... are embedded beliefs and behaviors found in high-performing organizations. They are the foundation for integrating key requirements within a results-oriented framework that creates a basis for action and feedback” (Quality Texas Foundation, 2003, p. 1).

The TAPEE also has the same seven Categories as the MBNQA for education: leadership; strategic planning; student, stakeholder, and market focus; measurement, analysis, and knowledge management; faculty and staff focus; process management; and organizational performance results. Each category is subdivided into Items which focus on a major requirement and within each Item, Areas to Address (Quality Texas Foundation, 2003).

Key characteristics of the Criteria are that they focus on organizational performance results, are non-prescriptive and adaptable, support a systems perspective

to maintain goal alignment, and support goal-based diagnosis (Quality Texas Foundation, 2003).

Because the TAPEE is identical to the MBNQA in its categories, criteria and values, referring to one is referring to the other. In this study, TAPEE, MBNQA and Baldrige are used interchangeably.

Academic Program Review

The history of academic program review has its roots in the program evaluation of the 17th century and specifically at Harvard as early as 1642. From the 17th century into the 19th century, program evaluation was primarily directed at improving the overall academic program. During the early 1800s, the idea of curricular reform and innovation within the classical curriculum gained greater interest. After the Civil War, the German model of research and the American value of service accelerated the break up of the classical model (Conrad & Wilson, 1985).

Madaus et al. (1994) described six periods in the life of program evaluation that begins in the 19th century with the reforms noted by Conrad and Wilson (1985). In the late 1800s the North Central Association of Colleges and Secondary Schools was established and began the intertwining of program review and accreditation. It was not until the 1930s, however, that six more regional accrediting associations were established. "Since then the accrediting movement has expanded tremendously and gained great strength and credibility as a major means of evaluating the adequacy of educational institutions" (p. 25).

Madaus et al. (1994) identified 1900 to 1930 as the age of efficiency and testing with program review being confined to local schools districts. The years from 1930 to 1945, tagged by Madaus et al. as the Tylerian Age, were influenced by Ralph W. Tyler, the father of educational evaluation. Although still based for the most part in secondary education, it was the age of comparing actual outcomes to intended outcomes and the movement from organizational and teaching inputs to learning outcomes.

The years 1946 to 1957 are called the age of innocence by Madaus et al. (1994). Despite overwhelming social and environmental issues such as inner city poverty, acceptable segregation and the wasting of natural resources, there was major development of industry and the military and an expansion of educational facilities, programs and personnel. Standardized testing saw the most growth in evaluation which generally was local in nature. Governments, state or federal, were not yet deeply involved. According to Black and Kline (2002) the War on Poverty and Great Society programs of the post-World War II era were not evaluated for several years. Over time, however, some federal officials became concerned with the amount of dollars being poured into these programs and in 1965 resulted in the Elementary and Secondary Education Act (ESEA) of 1965. Title I of this act required educators to report the results of their efforts. “This national assessment requirement served as the precursor to the calls for formal assessment that are ever present in higher education today” (Black & Kline, 2002, p. 226).

The age of expansion from 1958 to 1972 saw the infusion of federal funds into education and the expansion of evaluation as an industry (Madaus et al., 1994). The

evaluation technologies developed in the past no longer were successful in evaluating the new curricula in math, science and foreign language. Seeds for new evaluation conceptions were planted here. Federally subsidized programs for all citizens, especially the needy, promoted the need for accountability measures. Standardized testing of the past was not satisfactory, and new concepts of evaluation began to emerge.

The conceptualizations recognized the need to evaluate goals, look at inputs, examine implementation and delivery of services, as well as measure intended and unintended outcomes of the program. They also emphasized the need to make judgments about the merit or worth of the object being evaluated. (Madaus et al., 1994, p. 31)

Madaus et al. (1994) labeled the years 1973 to 1994 as the age of professionalization when the field of evaluation began to emerge as a distinct profession. Books, professional journals, college curricula in evaluation as well as the bifurcation of positivist (quantitative) and constructivist (qualitative) paradigms all appeared. According to Conrad and Wilson (1985), the growth in the use of program review from 1970 to 1985 was attributable to external and internal interest in improving the quality of higher education; new academic management techniques in the areas of planning and budgeting; financial strains; external demands for accountability; and demands from governing boards and campus administrators for more effective and efficient use of diminished resources. In addition to accreditation reviews, there was the growth in state higher education agency reviews, multi-campus system reviews and institutional reviews.

Accreditation, both regional and disciplinary are today intertwined with program review. “The Southern Association of Schools and Colleges was a leader in shifting accreditation criteria from a focus on inputs and processes to a much greater concentration on educational outcomes and institutional effectiveness” (Hoey, 1995, p. 45). To use the Madaus et al. (1994) analogy, today is program review’s age of student learning outcomes and institutional effectiveness. Exemplary of this new age is Marilee Bresciani’s (2006) book that is devoted in its entirety to best practice examples of outcomes-based academic and co-curricular program review. After a review of the most recent years in outcomes-based assessment, the author concludes:

Regardless of what legislation may yet be coming, the following chapters provide an overview into how genuine outcomes-based assessment program review may assist the United States in its efforts to systematically improve and demonstrate the current quality of higher education in the United States; if not for accountability purposes than for the general desire to improve the quality of education and to improve the underperforming student. (p. 12)

Another source of comprehensive information about the current state of program review is found in the Council of Graduate Schools’ (1990) guide for review of graduate programs. Although written for and about graduate programs, it offered guidance for understanding and designing all academic and co-curricular program review.

They (graduate program reviews) can be simple or complex, inexpensive or costly, brief and pointed or endlessly protracted; they can be an integral part of an institution’s planning and budgeting process, or a token gesture which has no effect on future plans.... Program review is seen differently by many people not because it is unnecessary or unimportant, but because it is difficult to do constructively and well.... If it is to be done at all, program review should be done carefully. Otherwise, more harm can come than good. (p. 1)

The Council of Graduate Schools (1990) suggested that program review is the only comprehensive product of an entire academic program. Although accreditation reviews can be focused on minimum standards, program reviews contain broad academic judgments and recommendations for change. Periodic and thorough program reviews assure that the program lives up to its goals and identifies areas for improvement. In addition to intrinsic reasons, external mandates from legislatures and governing boards also may demand program review.

The Council (1990) also pointed out fundamental characteristics of all program review: (1) It is internal and initiated and administered by the institution itself. (2) It is evaluative, not just descriptive and requires judgment about a program's quality as judged by peers and experts in the field. (3) Program review is future oriented toward improvement not just assessing the current situation. (4) Evaluations use academic criteria not financial or political ones. (5) Program review should be an objective process supported by peer review and a public process. (6) Program review is separate from any other process such as accreditation or regional reviews. Although the data gathered can serve more than one purpose, program review is uniquely focused on recommendations for the individuals who have the power to improve the program—faculty and administrators. (7) Most important, program review must result in action.

Different authors offer a variety of definitions and approaches to academic program review. Bogue (1992) defined academic program review as a comprehensive evaluation of a curriculum that leads to a degree. The evaluation may involve peer review and student outcomes measures. For Kells (1995) the nature of program review was "... a process of reflection or study with internal and external dimensions

conducted by the professionals and others in and related to an organizational subunit (department, program, discipline, or service unit)..." (p. 105). The end result is the improvement of the effectiveness and functioning of the unit under study. The process can be comprehensive and holistic or devoted to one or more elements of the unit. It can be an isolated event or part of a cycle of reviews under the umbrella of the institution's "quality development scheme" and/or part of a disciplinary accreditation effort.

Conrad and Wilson (1985) described the purpose of program reviews to be primarily for program improvement. Other reasons for program review have included meeting state-level mandates; demonstrating institutional responsiveness to stakeholders (sponsoring organizations, taxpayers, legislators, parents); providing summative information to decision makers considering discontinuing a program; responding to accreditation mandates; and to respond to federal requirements. Multiple reasons often are offered as a particular institution's rationale for engaging in program review.

Mets (1995) reviewed the literature on program review and its links to other institutional processes. Mets' review gives insight into the purpose for which institutions engage in program review: accreditation; budgeting and funding; academic change; decision processes; externally mandated reviews; master planning; performance funding; planning; presidential management; program discontinuance and selective cutbacks; and quality, quality assurance, and improvement.

Hoey (1995) understood program review purpose by what the review is intended to accomplish and underscores the importance of determining its purpose prior to

engaging in the review. Even though reviews can satisfy multiple purposes, those purposes must be mutually supportive with the same basic objectives. It is also possible that the level of the review (program, department, college, institution, etc.) will determine the most appropriate purpose for the review. Whether the purpose is formative to improve, summative to aid certification or accountability, public relations to inform and increase awareness, planning, resource allocation, or mandated by an external stakeholder, defining and clearly identifying the purpose is essential to an ethical and effective review.

Regardless of purpose, Hoey (1995) indicated that the literature supports the following as essential to program review success: stakeholder (those who have an interest in the outcomes) involvement in the various phases of the review; leadership support for program review and the use of its results; and accurate and open organizational communication. Like Hoey, Mets (1995) identified leadership and communication as critical factors in the successful use of program review results. She also added that integration of program review with other management practices such as budget, planning and assessment processes must be visible to its participants. Mets believes that most program review process are cyclical in nature not one-time processes and that do not have to be conducted “de novo” each cycle.

Kells (1995) believed the following:

Cycles of program review, with each major organizational unit, academic and service-related, being reviewed every five to eight years, provide responsible pressure on the institution and the professionals in the unit beyond that provided by the institution’s ongoing managerial system of monitoring. Collectively, after a full cycle, the reviews also provide the basis for institution-wide responses to generic problems, for strategy building and choices at the top level, and for the mechanisms that provide public assurance of adequate quality. (p. 106)

Kells (1995) suggested that academic program reviews should seek the same benefits that institutional efforts do. Primary benefits are illumination of goals, program improvement, an improving, iterative self-study process and planning. Additional desirable outcomes include an increased awareness of “management issues,” increased leadership capability, improved processes, and the direct benefits from the observations of an external review team. Kells asserted that institutionally designed and owned program review processes are more successful at improvement and iterative self-study processes and planning than those undertaken and prepared for mandated external outside reviews whether mandated by accreditation or by the university itself.

Kells (1995) indicated some additional expectations for program self-study processes:

The study process should reduce the isolation of the program, its professionals, and its students or clients in the larger organization. The program should be better understood and appreciated by institutional managers and by other professionals in the larger system. Data services and useful information should become more available to the program, and any gap between program goals and institutional goals should be narrowed. Finally, programmatic leadership and general esprit should be enhanced, and the willingness to work together to recognize and solve problems should increase. The program should become healthier in an organizational as well as a disciplinary sense. (p. 108)

Black and Kline (1992) recommended the following for successful academic program review: (1) reviews that are locally based and imbedded in the environment, history, and needs of the organization under review; (2) the purpose is to enhance the quality of the academic program; (3) involvement and ownerships by all

stakeholders—especially by those affected by the review; and (4) the results must be used for improvement and integrated into planning and budgeting.

Over a decade later than Black and Kline, Ferren and Stanton (2004) echoed the same message:

Program review can promote internal integrity of a program, provide guidance for improvement, and suggest viability in the future. However, for the ‘whole to be more than the sum of its parts’ and advance the institution, program review must be directly linked to assessment, strategic planning, and budget. (p. 188)

Examples

Academic program review has functioned on a statewide basis in Illinois since the mid-1970s. According to Smith and Eder (2001) when program review and assessment are linked, a stronger learning organization for improving educational quality is formed. At Southern Illinois University-Edwardsville, Smith and Eder note that annual examination of assessment results provides faculty formative information to continually improve student learning. Program review, which tends to be more summative in nature, is conducted every eight years in Illinois and is an opportunity for faculty to publicly consider their efforts to improve student learning. “Linking the two processes of assessment and program review is helpful to faculty, students, and administrators as they consider ways to improve educational quality” (p. 15).

Northwestern University (2005) has engaged in university-wide academic and administrative program review since 1985. Northwestern’s General Faculty Committee initially proposed the program review process, and it is now continued by

members of a Program Review Council and its subcommittees. Currently in its third seven-year cycle, the University continues to engage in program review “... because program review has led to significant and important changes throughout the University and the proven benefits of doing it far outweigh the costs” (p. 1). The list of proven benefits includes: “the opportunity for unit self-assessment, planning, and change”; “a vehicle to inform University-wide and area planning”; “input to University decision-making”; “communication” within and between units and line administrators and the central administration; “candid assessment by external experts”; “socialization” between different disciplinary units as well as between faculty and administrative units; “appreciation of complexity and diversity of the University”; “increased external visibility” and an “accountability mechanism with the Board of Trustees” (p. 1-2).

In concluding comments in Northwestern’s Program Review Procedures Manual for its third cycle of reviews, the authors concluded that:

Program review at Northwestern is an essential component of university planning and has been key in raising quality and performance thresholds throughout the institution.

The faculty and administration are very ambitious about improving the competitive performance of the institution. Program review has been a central lever to this goal. (p. 16)

Student Affairs Program Review

Comprehensive program reviews of nonacademic areas have lagged behind those in academic areas because the emphasis has been on accountability and the evaluation of the instructional program. The instructional support enterprise has generally been

left alone other than issues of compliance with state regulations and policies (Brown, 1994). Today, institutional effectiveness has become the focus in all aspects of higher education (Miller, 2002). The implications for student affairs programs and services is that "... (they) are increasingly being called upon to show evidence that they are functioning effectively and that they positively impact the learning and development of college students" (Miller, 2002, p.1).

Student affairs program reviews have followed the development of the Council for the Advancement of Standards in Higher Education (CAS) that began in 1979 as a not-for-profit organization (Upcraft & Schuh, 1996). Today the mission of the original organization has moved from not only providing professional standards but also the use of them for program self-study and evaluation (CAS, 2004; Upcraft & Schuh, 1996). In 1995 Upcraft and Schuh asserted that CAS has provided more comprehensive standards than those provided by accrediting agencies and thus greater utility. Internal program reviews focus on how well departments are achieving their stated goals and need criterion measures such as CAS to anchor the review.

In the introduction to its sixth edition in 2006, CAS President, Jan Arminio acknowledged the ever-increasing value the standards have produced for student affairs.

Recent research has indicated that CAS materials are used for guiding new programs, evaluating current programs, advocating for new initiatives, and guiding professional development. Since its inception, CAS has advocated for the value of self-assessment for its own merits. More recently, users of CAS standards have completed CAS self studies in conjunction with or in preparation for an accreditation study. (Dean, p. v)

Although the CAS standards have provided student affairs departments with professional standards and self-study and evaluation procedures, they have not always proven effective evaluation processes for constituents who are external to student affairs (Smith & Mather, 2000). In the 2003 revisions, however, CAS incorporated a major emphasis on student learning and development to correspond to the same movement found in regional accrediting agencies. In 2006 a new companion book, *Frameworks for Assessing Learning and Development Outcomes* (FALDOs), was created "... to assist practitioners in developing sound and effective strategies for assessing outcomes" (Dean, 2006, p. 5). FALDOs were developed based on the 16 student learning and development outcome domains that were introduced in 2003.

In 1989 Ludeman and Fisher suggested that student affairs departments become "more proficient at program planning and review" (p. 250). They suggested a five-year planning model that included institutional strategic planning, student affairs division and department annual reports, consumer evaluations, need analysis, student opinion surveys, and comprehensive program review (CPR).

CPR is the major process in Ludeman and Fisher's five-year planning cycle. It is designed primarily for improvement of programs and services to students, but also it has potential benefits of "... enhanced inter/intradepartmental communication, better working relationships, and heightened team spirit and morale among departmental staff" (1989, p. 251). Central to the purpose of CPR is that the primary user of the results of the effort is the department being reviewed.

The Ludeman and Fisher (1989) model is comprised of six components: preparation, departmental self-study, a campus-wide review team, an external professional

reviewer, a final set of recommendations and a strategic plan, and implementation. Serving as a review document for the campus review team and the external consultant, the self-study summarizes the major findings from data collection and study done during the early stages of the program review process. The department documents responses to 11 different criteria that cover goals; student development; student needs and outcomes; departmental impact on enrollment/retention; quality/uniqueness; image; technological advancement; effective and innovative use of resources; professional development, affirmative action, hiring activities; interaction/cooperation with other external agencies and individuals; and professional standards appropriate to the department as benchmarks.

Ludeman and Fisher (1989) conclude their discussion of the CPR process by asserting, “It is essential that all departmental staff members be active participants in CPR” (p. 253). Although one staff member may assume the role of coordinator and leadership in compiling the self-study report, all staff must be involved in the process.

Example

In the early 1990s Virginia Polytechnic Institute and State University’s department of student affairs adapted the Ludeman and Fisher model to establish a CPR plan (Ostroth, 1996, p. 1). The model included a departmental self-study wherein the department examines its mission and goals; relation of those goals to division and university goals; “identification of customers; assessment of customer satisfaction; quantitative and qualitative outcomes of unit programs and organizational structure; and development of action plans to improve processes, services and programs” (p. 1).

In the summer of 1993 Virginia Tech's union and student activities department began its CPR cycle with this new model.

Several process decisions were made before the CPR began. All staff at all levels were to be involved because full staff participation and consensus were primary goals. TQM principles were to be taught initially and would be integrated into all departmental functions. The major thrust was what the department did and how well they did it. Mission assessment was the first priority for completion since that work would affect the work of all other teams. "The goals of the process were to be critical analysis, practical conclusions, and real change, not the production of lengthy reports" (Ostroth, 1996, p. 2).

The preparation phase was conducted during the summer of 1993. Two half-day training sessions on the CPR-TQM process were conducted with all staff, and an additional half-day training was conducted with departmental managers and those with assigned leadership roles in the process.

The content of these sessions was heavily oriented to the TQM model, though very little management jargon was used.... Content included new definitions of teamwork and team roles and strategies, paradigm shifts that can lead to quality, team listening and constructive feedback skills, team problem solving, and process analysis skills from the TQM literature.... This training introduced all staff to the democratic approaches used in TQM process improvement and set the stage for a new approach involving everyone in continuous improvement. (Ostroth, 1996, p. 3)

The self-study was conducted from the beginning of the fall 1993 semester to the middle of the fall 1994 semester resulting in a 53-page written report with a series of appendixes. Five teams handled the following: (1) a mission assessment team, which resulted in a new mission statement; (2) a customer needs and institutional expecta-

tions team, which consolidated existing data to produce a heretofore unexamined full picture of the level of activity by the department and its customer satisfaction but also pointed to the lack of outcomes measurement; (3) a program and services team that decided to do a thorough review of five program areas after identifying 51 service areas and ten programs that were left unaddressed; and (4) an administrative issues team, which provided analyses and recommendations for change in "... organizational structure and reporting lines; public communication and marketing of the department; internal departmental communications; budget development practices; decision-making styles and the involvement of all staff in decisions; personnel management ...; employee relations; and staff wellness" (Ostroth, 1996, p. 3).

The director consolidated the recommendations of all the teams and listed action items both proposed and accomplished in a final section. This section became a long-term agenda because new ideas needed evaluation, funding and implementation over time. According to Ostroth (1996), "the self-study was by far the most ambitious and time-consuming part of the total CPR process in this unit" (p. 3).

A University review of the self-study document, interviews and focus groups with department members occurred during two months in the spring 1995 semester and resulted in a seven-page report. In the fall of 1995 an external review team of two experts in the field visited the campus and made an overall review of department quality. The consultants were on campus for two days and wrote a 23-page review that included commentary on areas of quality and suggestions for improvement both short and long term.

Following the external review the department took the results of all studies and prepared a five-year strategic plan, which involved the participation of the entire department. During the strategic planning phase two new units were incorporated into the department. Because the process was well under way before the addition of these units, they needed to be oriented into TQM principles and the work of the CPR process. They would be included in the strategic planning phase but would be incorporated fully in the next CPR process.

Ostroth (1996) had recommendations for each phase of the CPR process based on the Virginia Tech experience. He identified the preparation phase as the most important and that the department director should clearly set expectations, guidelines and roles. A coordinating team with membership from other departmental teams should lead the self-study for the purpose of discussing, resolving and deciding process issues as they arise. This team or the director should also establish and outline the guidelines for report writing. "If guidelines are not provided, first drafts will require extensive work before they can be combined. Moreover, staff who prepare drafts may resent changes after their initial writing assignments are completed" (p. 4).

Ostroth (1996) concluded his review of the Virginia Tech experience with CPR as a strategy for introducing TQM philosophy and techniques with observations about its strengths and weaknesses. He believed that CPR is a good strategy and structure for the introduction of TQM. It required extensive planning and effort, which can be considered reasonable in a time of high accountability demands. If offered a vehicle for staff training, team building, staff engagement and empowerment in problem solving and decision making, and an opportunity to build capacity and understanding

of outcomes assessment. On the other hand, it also involved a large time investment both in intensity and duration, which challenged departmental leadership to maintain the process from the time of CPR preparation and self-study to actual recommendations and implementation. Another logistical challenge was managing frequent meetings over long periods of time and the need for large meetings to bring together the work of smaller teams.

An additional consideration was that the larger and more complex the department, the more difficult the task became because of the comprehensive nature of CPR.

Ostroth (1996) suggested the following:

... Some units maybe large and diverse enough to make CPR cumbersome. Each unit head must therefore make strategic decisions about how to aggregate organizational areas when planning CPR-TQM cycles. Though detailed analysis may be best done in smaller, more homogeneous units, it is essential that the functions reporting to a major department chair or unit head be considered as a whole when making quality improvements. (p. 5)

Nancy L. Howard (1996) also addressed the use of TQM in student affairs in an issue of *New Directions for Student Services*. She assessed the pros and cons of TQM in relation to “how it moves student affairs toward a level of high performance resulting in student success and satisfaction” and provided case study examples of most of them (p. 1).

The first pro was the customer focus of TQM, which has been a hurdle for higher education to overcome in general because it has “... a history of assuming that it knows what is best for customers” (Howard, 1996, p.1). However, the philosophy of serving customers is natural for student affairs professionals who plan with student wants and needs as necessary criteria for serving them.

Another pro was TQM's commitment to excellence by everyone in the organization that required leadership actions "... that empower people to achieve a shared vision of organizational purpose and direction" (Howard, 1996. p. 2). Given leadership commitment to the premise and its realization, this TQM criteria was a good fit for those organizations. Also a pro was the TQM criteria emphasis on process improvement. Howard noted that in many organizations the emphasis is on "... getting the job done as opposed to determining how to do the job most effectively" (p. 3). Rarely, she asserted, do we take the time away from the doing of work to evaluate how we do it. However, she went on to list dozens of student affairs processes that could be reviewed using TQM tools.

Howard's (1996) last two pros were the use of fact and data in decision-making and goal achievement through strategic planning. She believed that TQM would help student affairs professionals define significant quality measures rather than simple quantity measures and to support positions taken on issues through systematic study. Ultimately, TQM would support the kind of planning that identifies where a student affairs unit is going and how it will get there. Even if the entire institution did not embrace TQM, Howard believed that its individual concepts could be used in individual student affairs departments.

Howard (1996) also addressed seven cons that should be considered before a student affairs division or unit selects TQM strategies. First, there are costs associated with employee resistance that represent a drain on resources and energy. Some people do not like change of any nature while others resist the perception of being changed. Fear of the unknown or fear of extra, added work can provide resistance, as can the

belief that TQM efforts will not make a difference or will not be rewarded by the institution. Second, difficult questions are involved. “When does one know that student learning has occurred? How does one know whether focusing on student life experiences has benefited the greater community?” (p. 5). Such difficult questions can cause a focus on internal process improvements rather than grappling with these difficult challenges.

Third, TQM processes take time and resources. “Often, student affairs employees find themselves pulled between their primary concern—working with students—and the need to participate in TQM activities. Although it is not intended to be, some employees will see these two sets of demands as mutually exclusive” (Howard, 1996, p. 5). A fourth con is the length of time TQM implementation can take. Student affairs staff and leadership may not be willing to commit long-term to the amount of personal time and energy demanded by TQM over the demands of addressing immediate issues and problems.

Fifth, Howard (1996) was very firm about the limited usefulness of TQM in dysfunctional units. Where trust is absent, TQM will often exacerbate difficulties rather than eliminating them. Sixth, employees have problems with the process orientation of TQM. It may be difficult for student affairs professionals to take a process-oriented view over their counseling and/or student development orientation. And finally, there are few examples of success in higher education institutions that function with TQM. “Because it is easy to find articles touting the potential benefits of TQM but harder to find hard data to support it, one might question why TQM

proponents do not ‘practice what they preach’ by making decisions based on fact and data” (p. 5).

Although TQM is not necessary for successful student affairs operations, there are steps that can be taken to maximum its success if a unit wishes to employ it: a clearly articulated mission regarding the use and purpose of TQM; leadership that supports and role models its principles, a new culture that is tailored to TQM, and the patience for the time and energy it will take to learn and understand its principles (Howard, 1996).

In a more pointed article about the failure of TQM to address issues of critical and fundamental value to student affairs, Kochner and McMahon (1996) spoke to “the importance of leadership, vision, purpose, organizational culture, motivation, and change” (p. 1). The leader is more than the TQM supervisor or manager. A leader focuses not only on internal efficiencies but also on the external environment and adaptation for changes and new directions. In addition, the concept of servant leadership is missing from the TQM literature.

Kochner and McMahon (1996) noted that the concepts of vision and mission are seldom mentioned and if so are in the context of management tools rather than guiding forces:

The ability to determine how the organization fits into the world around it, and how and why the future will affect what the organization will do are a part of vision. TQM generally limits its focus on how the organization will improve its current practices and enhance productivity. (p. 2)

Void in the TQM literature for Kochner and McMahon (1996) are elements of purpose. Issues of the “soul and spirit” of the workplace and finding meaning in individual lives is absent. TQM looks at the corporate financial bottom line and the improvement of product and service rather than the personal lives of employees or personal purpose, senses of meaning, and passion.

TQM focuses on organizational culture as seen through teamwork and excellence in performance based on continual measurement. Kochner and McMahon said that this focus ignores the soul and spirit issues of “... significance, community, creativity, intuition, integrity, honesty, risk-taking, self-esteem, personal sense of purpose and meaning, diversity, nurturing of the spirit, and emotional safety” (p. 4).

Kochner and McMahon (1996) believed that in TQM motivation is derived from organizational success (the bottom-line) which expects employees to be glad for team participation and the achievement of higher quality performance. It overlooks personal success, personal growth and participation in something worthwhile.

Deming’s emphasis on change came gradually in his work in Japan. By the time Deming’s established management ideas came back to America, Deming didn’t allow Americans enough time to explore and digest his ideas. For Kochner and McMahon (1996) it was this manner of presentation of TQM in the United States that set so much resistance to its acceptance. They believed that the change process was more complex than Deming and his TQM philosophy espoused.

Tyrone A. Holmes (1996) in the same issue of *New Direction for Student Services* as Howard and Kochner and McMahon, specifically addressed finding a place for TQM in student affairs. He, too, acknowledged barriers to TQM implementation in

higher education but chose to focus on how student affairs could effectively use TQM principles and processes toward the facilitation of student learning and development. He believed that the goals of the American College Personnel Association (ACPA)'s 1994 Student Learning Imperative (SLI) set the bar for learning-oriented student affairs divisions. He suggested that the TQM paradigm and the SLI had common philosophies. Both are focused on quality improvement based on customer needs, on the development of collaborative relationships, and on process and the encouragement of the use of data driven decision-making. Because of these shared philosophies, Holmes believed that student affairs could become effective learning-oriented divisions through the purposeful use of TQM principles and practices.

“Specifically, student affairs professionals must define quality and customer service, use data in management decision-making, continually seek to improve quality, vigorously develop human resources, effectively use quality improvement teams, and provide visionary leadership” (Holmes, 1996, p. 3).

Accreditation, Assessment, and Student Affairs

In a paper presented at the Annual Meeting of the North Central Association (NCA), Patricia Murphy and Robert Harrold (1997) outlined the changing assessment requirements of the Association in regard to undergraduate and graduate education. They noted that institutions were in various stages of development in regards to assessment requirements that NCA had implemented in 1989 but that none they had visited had reached the level where assessment results were integrated with planning, budgeting, and program review. They suggested ways to meet that goal including

using assessment as an integral part of program review. They indicated that the traditional focus on inputs in program review had to give way to what assessment data said about program quality and program productivity.

Forward to 2006 and NCA's Higher Learning Commission's Criteria for Accreditation (Higher Learning Commission, 2004.). Three of the five criteria incorporate assessment into core components. Criterion two on preparing for the future has a core component that states, "The organization's ongoing evaluation and assessment processes provide reliable evidence of institutional effectiveness that clearly informs strategies for continuous improvement" (p. 3.1-3).

Criterion three on student learning and effective teaching has three of four core components that mention assessment: goals for student learning outcomes are clearly stated and make affective assessment possible; the organization creates effective learning environments; and the organizations' learning resources support student learning and effective teaching. Criterion four on acquisition, discovery and application of knowledge has two of its four components with strong ties to assessment.

Wright (2002) documented the changes exemplified by NCA when she addressed the intersection between assessment and accreditation since 1985. The first wave from 1985 to 1992 came when the Southern Association of Colleges and Schools (SACS) enforced a new standard on institutional effectiveness linked to outcomes assessment. The Western Association of Schools and Colleges (WACS) followed suit, and in 1989, the North Central Association (NCA) implemented a new policy requiring the assessment of student achievement as part of an institution's self-study. In the early 1990s, the Northwestern Association adopted an assessment policy, and in 1992 the

New England Association (NEASC) wove assessment into all 11 of its standards. Wright believed that this first wave came in response to wide dissatisfaction with higher education from inside and outside the academy as well as a 1988 U.S. Department of Education criteria for accrediting bodies that called for a focus on “educational effectiveness” (p. 243).

The second wave of the intersection between assessment and accreditation was identified by Wright (2002) to have begun in 1996. Indicative of this second wave was the “... federal government’s abortive flirtation with ‘state postsecondary review entities’ (SPREs) and subsequent founding of the Council for Higher Education Accreditation (CHEA)” (p. 244).

In 1999 NCA launched its Academic Quality Improvement Project (AQIP) with the goal of making accreditation more powerful by blending accreditation with the continuous quality improvement movement. AQIP Quality Criteria mapped directly to the MBNQA criteria for postsecondary institutions.

Wright (2002) pointed out that assessment and accreditation have impacted one another. “... Assessment has proven to be an extremely useful tool that accreditation has used to recast itself, making it both more effective and more credible” (p. 251). Additionally, assessment has allowed accreditation to focus on student learning after years of “fixating” on institutional inputs and reputation. On the flip side, “just as assessment revitalized accreditation, accreditation’s insistence on assessment has kept the assessment movement alive and thriving” (p. 252).

Today there is a broad array of approaches regional accreditation agencies spell out for the responsibility that student affairs plays in institutional accreditation and

assessment. At one end of the spectrum is The Middle States Commission on Higher Education's fundamental element of student support services that expects "ongoing assessment of student support services and the utilization of assessment results for improvement" (Middle States Commission on Higher Education, 2006, p. 35). The Southern Association of Colleges and Schools' 2006 draft proposal for accreditation standards expects that "the institution provides student support programs and services and activities consistent with its mission that promote student learning and enhance the development of its students" (p. 8). The draft proposal indicates that "the institution identifies expected outcomes, assesses whether it achieves these outcomes, and provides evidence of improvement based on analysis of the results..." (p. 10). Three of the five areas included in this expectation are educational programs, administrative support services, and educational support services.

The Western Association of Schools and Colleges asks its member institutions "to what extent does the institution provide an environment that is actively conducive to study and learning, where library, information resources, and co-curricular programs actively support student learning" (Western Association of Schools and Colleges, 2001, p. 22). Under its criteria for student learning The Western Association states "consistent with its purposes, the institution develops and implements co-curricular programs that are integrated with its academic goals and programs, and supports student professional and personal development" (p. 23). Finally, in the criteria for a commitment to learning and improvement, The Western Association requires that

Leadership at all levels is committed to improvement based on the results of the processes of inquiry, evaluation and assessment used throughout the institution. The faculty take responsibility for evaluating the effectiveness of the teaching and

learning process and use results for improvement. Assessments of the campus environment in support of academic and co-curricular objectives are also undertaken and used, and are incorporated into institutional planning. (p. 30)

The Higher Learning Commission (2004) says that “periodic reviews of academic and administrative subunits [must show their contribution] to the improvement of the organization” (p. 3.1-3). Concerning the creation of effective learning environments it states that “assessment results inform improvements in curriculum, pedagogy, instructional resources, and student services” (p. 3.1-4). Within the criterion for acquisition, discovery and application of knowledge the Commission emphasizes that “the organization demonstrates the linkages between curricular and co-curricular activities that support inquiry, practice, creativity, and social responsibility” (p. 3.1-5). In the same criterion another core component states that “the organization’s academic and student support programs contribute to the development of student skills and attitudes fundamental to responsible use of knowledge” (p. 3.1-5). In its final criterion on engagement and service, the Commission spells out that “the organization’s cocurricular activities engage students, staff, administrators, and faculty with external communities” (p. 3.1-6).

Summary of the Literature Review

The review of the literature suggests that the nature of assessment and accountability in higher education in general and student affairs in particular has evolved today to the point where a more intentional strategy is needed to meet the demands of multiple constituencies. What is needed is a management framework that facilitates student affairs administrators and practitioners to understand, analyze, and align their

mission, programs, planning, personnel, processes and resources. Clearly in the day of the Miller Commission and the dissatisfaction at its core, student affairs must be proactive in their approach to assessment in order to continually improve its services to students and its contribution to their learning and development.

CHAPTER III

METHODOLOGY

Restatement of the Purpose

The purpose of this study was to determine the usefulness of the Texas Award for Performance Excellence Education (TAPEE) Criteria, Progress Level, as the basis for a comprehensive program review in two departments in a Division of Student Affairs at a research extensive university. Additionally, the study was to determine the potential usefulness of the TAPEE Criteria as a management strategy for senior leadership in each department.

Research Questions

1. Is the use of a comprehensive program review based on the TAPEE Criteria an effective and relevant process for diverse departmental missions in a Division of Student Affairs?
2. What is the impact of a comprehensive program review based on the TAPEE Criteria with respect to informing a cycle of initiatives, assessment, and development of strategies for improvement for the department under review in the context of the six criteria categories of leadership; strategic planning; student and stakeholder focus; measurement, analysis and knowledge; staff focus; and process management?
3. Is the use of a comprehensive program review based on the TAPEE Criteria an effective management strategy for focusing on assessment, planning,

improvement and change for the senior leaders of two diverse Student Affairs departments?

Choosing a Naturalistic Inquiry

The epistemological foundation for this study was constructivism. The participants in the study interpreted and “constructed” a reality based on their individual experiences and interactions with a comprehensive program review self-study process. The researcher was the primary instrument for data collection and analysis. Sustained engagement with the participants allowed the researcher to understand what it meant for the participants to be in this setting, what it was like to be doing this work, what meanings they derived from it, and what their work life was like during the process. As typical of constructivist research, both the researcher and participants were partners in the generation of meaning (Arminio & Hultgren, 2002; Lincoln & Guba, 1985). The study was conducted by the researcher to be judged by its “goodness” or quality criteria—trustworthiness and authenticity—as defined by Guba and Lincoln (1989).

The Descriptive Case Study

Merriam (1998) indicates that the use of a case study in qualitative research is to gain an in-depth understanding of the situation and the meaning it has for those involved in a real life situation. It concentrates on process and outcomes, context rather than specific variables, and discovery rather than confirmation. Insights gained directly influence practice as they provide immediate formative feedback. Case

studies are framed with theories, concepts and models from a variety of disciplinary perspectives. A case study is usually of intrinsic interest to the researcher. The use of multiple cases makes for more compelling interpretations and enhances the value of the findings for others.

The use of a descriptive case study for this research was employed to provide an in-depth, comparative account of the experiences of two diverse student affairs staffs as they experienced a comprehensive program review self-study. The research considered the meaning for the participants of the process and the resulting outcomes of the self-study. It provided immediate formative feedback about strengths and weakness of the department to the staff and leadership of each department. It also provided formative feedback to the researcher and to the leadership of each department as to the efficacy of this model for future use in other student affairs departments. It was framed by a model of total quality management embodied by the TAPEE and MBNQA criteria, the concepts and theory that frame academic and student affairs program review, and the realities of current demands on higher education for accountability through assessment and accreditation.

The methodology was based primarily on the theory of phenomenology. “Phenomenology seeks to understand lived experience phenomena through language that is pre-theoretical, without classification or abstraction. It requires that the researcher bring forth previous understandings connected to the phenomenon being studied” (Arminio & Hultgren, 2002, p. 452-453). The “lived experience phenomena” were the staff of two student affairs departments as they began and completed a self-study for a comprehensive program review. It also included the reflections of two

members of the Office of the Vice President who serve as direct reports for these departments and the Vice President for Student Affairs.

There also was an element of ethnography to this study. Ethnography seeks to understand the behaviors of a culture-sharing group and to understand the underlying meanings from the point of view of the participants (Arminio & Hultgren, 2002). As this study unfolded, the very different cultures of the two departments emerged and thus the meanings of the self-study experience were shaped by the differences between the two. The combining of a phenomenological and ethnographic study occurred naturally as the study progressed. In naturalistic inquiry, “border crossings” among different methodological approaches are encouraged (Arminio & Hultgren, 2002). Denzen and Lincoln (2005) assert that “qualitative research, as a set of interpretive activities, privileges no single methodological practice over another” (p. 6).

The primary purpose of using these methodologies was to produce “thick descriptions” (Lincoln & Guba, 1985) of the experience. Because the study was naturalistic, the research design had the flexibility to develop during the time it was conducted. This allowed for the unpredictable interaction between the researcher and the participants as well as for the various value systems involved among the researcher, two department staffs and the members of the Office of the Vice President for Student Affairs (Lincoln & Guba, 1985).

Research Design

Naturalistic inquiry is conducted in its natural setting and the research design unfolds throughout the study. The research instrument is the researcher who draws upon her implicit understanding to conduct the research.

Such a contextual inquiry demands a human instrument, one fully adaptive to the indeterminate situation that will be encountered.... The human instrument builds upon his or her tacit knowledge as much as if not more than propositional knowledge, and uses methods that are appropriate to humanly implemented inquiry... (Lincoln & Guba, 1985, p. 187)

Naturalistic inquiry uses methods that are appropriate to humanly implemented inquiry such as interviews, observations and document analysis.

This study was focused on discovery and exploration. The logistics included identification of the research site, the data sources, the research sample, data collection methods, and data analysis procedures. Finally, the researcher planned for the trustworthiness and authenticity of the study.

Site and Participants

The site for this study was a large, research extensive university in the south. The two student affairs departments studied had very diverse missions, organizational structures and goals. Department A was primarily a process and facilities-oriented department with many programmatic efforts. Department A had 53 professional and associate staff in six different program areas. The director had led the department for

31 years prior to the initiation of the self-study process. The department had been in the division of student affairs for 24 years.

Department B was primarily a program-oriented department with several major processes. Department B had 41 professional and associate staff in 10 separate units. The director led the department as interim for nine months and as permanent director for four months prior to the initiation of the self-study process. The Department was created in January of 1995 when it separated from the Residence Life. Department B would lose two units and gain a new unit during the course of this study. Four of the nine staff members who led category teams during the self-study were in the two units that left the department.

Both departments were poised to begin a second cycle of program review that had taken place initially in 1998-1999 for Department A and 1997-1998 for Department B.

The Office of the Vice President consisted of a Vice President, two Associate Vice Presidents, and two Assistant Vice Presidents. The Vice President and two Associate Vice Presidents who were direct reports for the two departments in the study were participants in this research. The Vice President had been in his position with the institution two months prior to the initiation of the study. The Associate Vice Presidents' tenure to whom department A and B reported was 24 years and three years with the institution, respectively. The Associate Vice President for department B received the AVP title six months after the initiation of the study and had been the director of department B previously.

The selection of these departments was purposive with maximum variation in that the departments had widely varying student affairs missions and settings. Erlandson, Harris, Skipper, and Allen (1993) suggest that purposive sampling is preferred in naturalistic inquiry because its aim is to heighten discovery of the different patterns and problems within the study's context, not generalize to a broad population.

The particular departments for this study were also a convenience sample in that the departments were poised to begin a second cycle of comprehensive program review in a division of student affairs that had an established program review process.

Research activities included observations of five orientations: one for the Vice President of Student Affairs staff and the directors of the two departments; one for the self-study leadership team in each department; and two, two-day preparatory training retreats which served as the initiating event of the self-study for the staff of each department. Observations also included 15 self-study team leader meetings. Thirty-three individual interviews were conducted with 28 participants.

Participants included the Vice President, two Associate Vice Presidents, two department directors, two self-study teams, and other departmental members who attended the two-day training retreat. Each director selected their own self-study teams and the departmental members who would attend the two-day preparatory retreat.

Conditions of Entry

The researcher was a staff member in the Division of Student Affairs at the same institution as the participants in the study. She was also responsible for the

comprehensive program review process in the division and had provided oversight for the first cycle of program review. Her education experiences included a course in total quality management and one in qualitative research, and she was trained as a quality facilitator for the institution's quality process. She had previously served as team leader for two permanent Division of Student Affairs quality teams.

The conditions of entry were stated in the consent form signed by every participant in the study. Participants were told that they were participating in a research study concerning the second stage of comprehensive program review in the Division of Student Affairs and that the study would become the researcher's dissertation. The consent form also informed participants of the study's purpose, the time commitment, the modes of data collection (observations and taped interviews), the reasons for their selection and the promise of their individual confidentiality.

Entry into the two departments' comprehensive program review self-study process was as an "observer as participant" but became "participant as observer" over time. Merriam (1998) describes the primary role of observer as participant to be one of information gathering. Although the researcher's observer activities are fully known to the group, participation in the group is secondary. The researcher's role of participant as observer reverses these priorities. During the period of most intense observation at the initiation of the research study, the researcher was primarily an observer. As the self-study process continued, the researcher became integrated into the life of each self-study team rather than as simple observer and information gatherer. The researcher assumed that this role change was due primarily to the researcher's position in the division. Members of both departments looked to the

researcher for understanding, direction and active dialogue in team meetings—for essentially being engaged and accepting ownership of the process rather than simply taking notes.

Jones (2002) speaks directly to this problem when she challenges student affairs researchers who do research in their own “backyards.” She notes that a researcher’s interpretive lens is always shaped by personal experiences and assumptions but that an insider status creates additional potential for role conflict and ethical challenges, such as not eliciting important data or learning information that affects the work place. Jones cautions:

The lesson to be gleaned ... is the importance of researcher discernment about one’s own positionality and the influence of the positionality on who and what can be known, as well as the complex dynamics attached to entering communities both similar to and different from one’s own. (p. 466)

The researcher’s personal reflexive journal is full of this discernment and the impact it had on both the researcher and the participants during observations and interviews. It is addressed as it occurred in chapter four of this research study and specifically in the summary of findings, conclusions, and recommendations in Chapter V.

Instrumentation

The researcher was the primary data-gathering instrument in this research study as demanded by naturalistic inquiry (Lincoln & Guba, 1985). The researcher needed to be responsive to contexts and adaptable to circumstances—all of which were called

for during the course of this study. The study involved observing a process of orientation and implementation of a program review self-study based on the TAPEE and interviewing participants at the completion of the process. The purpose was to gain insight about the process, to understand how participants reacted to the process and its outcomes, and to understand participants' beliefs about the effectiveness of the results for the future of the department. All of these involved the need for the research instrument to observe, listen, and record ongoing reactions and reflections. It also demanded that the research instrument change as new information was introduced into the study. A human instrument was best to garner and to respond to this type of data and data collection.

Data Collection and Recording

In keeping with "humanly implemented inquiry" (Lincoln & Guba, 1985, p. 187), appropriate methods used were observations, interviews and a document review. The audit trail comprised of the researcher's reflexive journal was the final data collection method employed. Goodness was assured by thick description, rich in details about the setting, its context, the participants, and the participants' experience with the process and its results.

Original notes from observations, typed transcripts from tape recorded interviews, the two primary self study reports, all emails concerning the logistics of the study and any questions posed by participants, and the researcher's typed reflexive journal were kept chronologically in three-ring notebooks.

Observations

The first level of inquiry for the researcher, which occurred over a period of six months, was as a participant observer in the group experiences of each department and each self-study leadership team. The written accounts of these observations were the researcher's field notes maintained in her reflexive journal. Although tape recording would have assured an accurate record of all that was said during these observations, the obtrusiveness of the medium was judged by the researcher to be too inhibitive to free flowing and honest conversation. Transcribing what was hours of observation was cost prohibitive as well. The researcher's notes ranged from continuous and thorough to sketchy depending upon how engaged she became in the conversation or activity. Over the months detailed written note keeping of the observations would give way to reconstruction after the fact as the researcher became more of a participant than an observer.

The researcher observed an hour and a half orientation meeting with the Office of the Vice President and the directors of both departments in the Office of the Vice President's conference room, a three-hour orientation meeting for each self-study team in the respective large conference room in each department, and a two-day self-assessment retreat for each department which was conducted in another on campus location. Both orientation meetings and the two, two-day retreats were facilitated by an experienced trainer in total quality management and the TAPEE and MBNQA criteria. He was a tenured faculty member at the institution, a professor of Total Quality Management, a national examiner for the MBNQA award for four years, on

the Board of Directors of the TAPE for four years and a judge of TAPE applications for three years.

After the initial orientation and training, the researcher observed each department's self-study team meetings. Each self-study team meeting was comprised of the director as team leader, category and co-category team leaders based on the organizational profile and seven categories of the TAPEE, editors of the self-study final report, and several other department members as deemed important and necessary to the process by the individual department director. A total of 15 meetings were observed over five months, eight with Department A's self-study team and seven with Department B's.

The researcher observed each departmental self-study team meeting as an overt non-participant (observer and committed member of the team) and in the natural settings where team meetings occurred. For Department A it was the large conference room in their facility and for Department B it was a large training room in the building where most of their individual units were housed.

Interviews

The second level of inquiry was interviews with the director of each department, the Vice President and the two Associate Vice Presidents of Student Affairs who directly supervised the respective departments and with individual self-study team members. In total, 33 interviews were conducted with 28 different individuals.

The two department directors and the three members of the Office of the Vice President were interviewed both before and after the self-study was conducted to

initially capture expectations and then to capture outcome reflections on the process and the self-study document. The first interview took place after the initial orientation in the Vice President's conference room. Interviews with the Vice President and the two Associate Vice Presidents took place in their respective personal offices and for one interview, in the researcher's office.

The members of each department's self-study team were interviewed at the completion of the self-study. Interviews were conducted over a three-month period of time at the conclusion of their respective self-study processes. Interviews with Department A took place in a small conference room in their facility as well as in a few respondents' personal offices. Interviews in Department B took place in the respondents' offices or in the office of the researcher. Location was the choice of the respondent. The researcher's office was in the same building as Department B.

Interview protocols were open, semi- and unstructured. As Jones (2002) indicates, "... Phenomenology is concerned with the lived experience and with uncovering the essence of a particular phenomenon. In depth, unstructured interviews are well suited for phenomenological research" (p. 467).

Interview protocols with directors and the Office of the Vice President were semi-structured to encourage the respondent's views on the TAPEE and MBNQA criteria (leadership, planning, students, assessment/knowledge management, staff, process, and results). Self-study participants' interviews were more open and unstructured. Interview protocol for self-study team members included four questions about the respondent's reflection on process, content, use of outcomes for the future, and general advice for the researcher. With each successive interview, the researcher

allowed the respondent the same freedom of expression as in previous interviews. If, however, no new information was forthcoming, the researcher began to introduce themes from previous interviews to which that interviewee was asked to respond. The process of interviewing, analyzing the interview from the researcher's hand-written notes and her reflexive journal, identifying new information and interviewing again continued in this cyclical fashion.

All individual interviews except one were tape recorded and transcribed by a paid transcriptionist. One interviewee requested not to be taped; so, the researcher took notes and personally transcribed that interview. Individual interview transcripts were sent electronically to all interviewees for "member checks," that is, for verification and correction. Interviewees were asked to confirm with the researcher that the interview transcript was acceptable as written or to make any changes they wished. The researcher indicated that she preferred a confirmation, but if she did not receive it by a specified date, she would consider it safe to proceed with the transcript "as is." Fifteen individuals did not return corrected transcripts or provide confirmation that the transcript was acceptable "as is." Five individuals returned their transcripts with corrections and eight confirmed that they had no changes.

Document Review

The third level of inquiry was the review of the end document, the self-study report for both departments. This review took place over a two-week period of time using the TAPE Scoring Guidelines Quick Card and the Self Study Manual as the rubrics for evaluating the reports. The researcher maintained a written record of her

analysis of these documents and subsequently synthesized her analysis with respondent interviews about the content of the self-study report.

Reflexive Journal

Because the interpretive lens in a descriptive case study is shaped by the researcher's personal experiences and assumptions, a reflexive journal is a critical part of the data collection.

The researcher's reflexive journal was comprised of a daily log of activities; a methodological log that included process notes and all decisions made in accordance with the emergent design; and a personal log or diary that included introspective notations about the researcher's state of mind in relation to what was happening, commentary on the perceived influence of the researcher's own biases, a record of hypotheses and questions for further follow up, and generally a cathartic place to vent.

The reflexive journal and its three logs were maintained from the start of the research in July of 2004 and through the final stages of writing the dissertation in the summer of 2006.

Data Analysis

As described by Jones (2002),

Deriving meaning from pages and pages of transcribed interviews or field notes from observations requires the researcher to engage in an inductive analytic process while staying close enough to the data to create an in-depth understanding of the exact words and behaviors of the participants in a study. (p. 468)

Data from observations were reviewed after the two-day self-assessment retreats and self-study leadership team meetings. Observations were made into a conceptual map in order to clarify the similarities and differences between the experiences of two diverse departments.

Each interview was coded by department, date of interview, respondent's initials, and respondent's role in the study—i.e., TAPEE category number, if appropriate and role—team leader, category leader, editor, VP, AVP. Transcripts for respondents who were interviewed twice included coding for pre or post self-study interviews.

Interview transcripts were unitized by breaking down the conversation into the smallest piece of data that could stand by itself without the need for explanation or reference to any other data. Each transcript line was given a number. With a computer and the capability to compare the transcript with a 4"x 6" card template, each piece of unitized data was transferred by "copy and paste" from the transcript to the card. Each card's header contained its code and a card number. Each piece of unitized data on a card indicated the line number of the data on the transcript. Each department and the Office of the Vice President were printed on different colored cards.

Index cards were sorted first by interview question—generally about process, content, future use of the self-study and advice for the researcher. Cards were then examined and sorted into conceptual categories by the themes suggested by the respondents. Emerging themes were labeled using the words of the respondents. At this point another methodological log was developed to track the emerging themes and concepts for each interview question. Through the use of constant comparison, categories were reviewed several times for overlap and for possible relationships

among them. Because of the color coding of each department's cards, comparisons between the departments became more possible and similarities and differences more distinct.

The researcher's categorization of the unitized data occurred several times. After the initial development of conceptual categories by themes, the themes themselves were aggregated around the research questions. Sub-themes changed position several times during this new categorization in what was constant comparison between the themes. Although the themes and sub-themes were presented as discrete findings in Chapter IV of this report, they had strong relationship to one another and actually depended upon each other to present the outcomes and findings of this study.

The procedures used to conceptualize the observations and interviews did not occur sequentially. Some were concurrent and became overlapping and mutually shaping. The researcher's reflexive journal added context as well as actions and interactions that occurred within individual departmental self studies and between and among participants. Over time the interaction between the observations and the interviews helped to solidify the themes. In essence, all the data was broken down and then brought back together multiple times.

Toward the end of data analysis and before themes were formally solidified, the researcher and four respondent debriefers and the peer debriefer spent two hours together reviewing the researcher's analysis. It was important that the story that was to be told in the researcher's voice was coherent and believable to those who actually experienced it and that they could see their own behaviors and hear their own voice in the study.

Finally, as Jones (2002) indicates, the appropriate system of analysis produces themes and findings that convey deeper understanding and relate to the theoretical perspective anchoring the research. The experience of the respondents did remarkably mirror the research on the use of the MBNQA criteria in education described in chapter two of this study.

Document review analysis was conducted on each department's self study report for the six approach and deployment Categories of the TAPEE (leadership, planning, student focus, measurement, staff focus, process). Analysis was based on the TAPE Scoring Guidelines and each department's own self-scoring of the Categories completed during their respective self-assessment retreats. Analysis was further enriched by the voice of staff as they reflected on individual Categories during their post study interviews.

Evaluation of the Quality of the Study

Guba and Lincoln (1989) suggest three different paths to determine the "quality of goodness" in constructivist inquiry: trustworthiness or parallel criteria, the nature of the hermeneutic process itself, and authenticity criteria. This study followed the paths of trustworthiness and authenticity.

Trustworthiness

Trustworthiness is considered to parallel the rigor criteria of the positivist paradigm. The traditional rigor criteria of internal and external validity, reliability and objectivity are not appropriate for constructivist inquiry on axiomatic grounds (Guba

& Lincoln, 1989). The constructivist speaks to credibility, transferability, dependability and confirmability.

Credibility of the data collection process and analysis was assured through techniques that according to Guba and Lincoln (1989) increase the probability of "... isomorphism between constructed realities of respondents and the reconstructions attributed to them" (p. 237). Prolonged engagement to assure substantial involvement and immersion of the researcher in the department's culture and to build trust took place over eleven months between July, 2004, and June, 2005. Persistent observation to add depth to the prolonged engagement, enough so that the researcher could identify the most relevant issues facing each department, occurred in the observation of three orientation sessions (one for each department and one for the Vice President's office), a two-day self study retreat for each department, and category lead team meetings for each department, 15 category lead team meetings.

Peer debriefing with a relatively uninvolved peer occurred during data analysis. She was a professional colleague who is a Texas Quality Award examiner and had experienced a student affairs comprehensive program review as a self-study team leader and as a member of the site review team for Department A which occurred after all departmental observations and interviews for this research had been completed. Guided by suggestions made by Arminio and Hultgren (2002) the researcher encouraged the peer debriefer to challenge her findings, analyses and conclusions. Specifically the researcher asked the peer debriefer if other reasonable researchers would make the same claims based on the analysis of the data, be able to determine how the researcher's findings and interpretations were generated and be

able to use the researcher's interpretations on which to base some of their own work. The researcher and peer debriefer met almost weekly throughout the data analysis and case study report writing for this study.

The member check, whereby data, analytic categories, interpretations, and conclusions are tested with members of those stakeholding groups from whom the data were originally collected, is the most crucial technique for establishing credibility....

As the data analysis process moves from the generation of concrete to more abstract categories and themes, it is imperative that the participants recognize themselves in a story being written that includes their own view as well as the views of all those others involved in the research.” (Jones, 2002, p. 469)

Member (respondent) checks were made at two points in the research process. A typed transcript was returned to each interviewee for additions, corrections, and deletions. Of the 28 interviewees and 33 individual interviews, 11 interviewees responded to the request for the member check. Five made changes to the transcripts. At the end of the researcher's data analysis, she met with four respondents—two from each department to test categories, themes and conclusions. Arminio and Hultgren (2002) believe that respondent debriefing confirms that the researcher “got it right” when they recognize the researcher's interpretations. According to Guba and Lincoln (1989), “(t)his is the single most crucial technique for establishing credibility” (p. 239). Also according to Lincoln and Guba (1985) member checking is the best way to check the researcher's own subjectivity.

Transferability was assured through thick description of the context of this study so the reader could determine whether a transfer from the context of this study to the reader's situation was possible.

Dependability like reliability, its parallel in positivist research, is concerned with the stability of data over time. In a naturalistic inquiry changes in methodology and shifts in interpretation "... are expected products of an emergent design" (Guba & Lincoln, 1989, p. 242). In order for the changes and shifts to be part of a quality inquiry, they were tracked over the course of the study through an audit trail. Confirmability, like objectivity, its parallel in positivist research, is concerned with being able to track the data to their sources and "... that the logic used to assemble the interpretations into structurally coherent and corroborating wholes is both explicit and implicit in the narrative of a case study" (Guba & Lincoln, 1989, p. 243). The dependability audit examined the process of the study and the confirmability audit examined the product—data, findings, interpretations, and recommendations—of the study (Lincoln & Guba, 1985). The dependability and confirmability audits were carried out simultaneously. The records consisted of the raw data from taped or written interviews and observations; write-ups of field notes from observations, unitized and coded interview data on 4" x 6" cards; the structure of categories, findings and conclusions; process notes found in a methodological log; a daily log of day-to-day activities (time and place); and personal reflexive and introspective notes. Confirmability was reinforced through member checks and both peer and respondent debriefings.

Authenticity Criteria

Guba and Lincoln (1989) offer "authenticity criteria" for determining a study's goodness. The criteria emerge directly from constructivist evaluation rather than

trying to parallel the positivist's domain. The criteria include fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity.

“Fairness refers to the extent to which different constructions and their underlying value structures are solicited and honored within the evaluation process” (Guba & Lincoln, 1989, p. 245-246). In an update to this description of fairness, Denzin and Lincoln (2005) asserted that fairness is not so much about assuring objectivity but “... to ensure that all voices in the inquiry effort had a chance to be represented in any text and to have their stories treated fairly and with balance” (p. 207). The researcher included stakeholders who were involved in the self-study process from each department and the Vice President's Office. Division of Student Affairs leadership, departmental leadership, and both professional and associate staff who participated in the study were observed and/or interviewed. Changes to the interview protocol emerged as respondents' suggestions for change and improvement in the process were incorporated into subsequent interviews. Respondent checking of the data analysis helped shape the recommendations and further action from this study.

Ontological authenticity is the “... extent to which individual respondents' own emic constructions are improved, matured, expanded, and elaborated...” (Guba & Lincoln, 1989, p. 248). Denzin and Lincoln (2005) called this a “raised level of awareness ... by individual research participants...” (p. 207). During ongoing observations of category team leader meetings and in follow up interviews upon completion of the self-study, respondents indicated a myriad of new insights into their departments. Since this was a pilot program there were no other student affairs departments to use as examples or cases, but department staffs were exposed to other

business and education examples of the end product of Baldrige or Texas Quality Award self-studies. Besides testimonial evidence of learning from participant interviews, the researcher's audit trail contains both respondent and researcher's constructions of meaning throughout the eleven month life of this study.

Guba and Lincoln (1989) describe educative authenticity as "... the extent to which individual respondents' understanding of and appreciation for the constructions of *others* outside their stakeholding group are enhanced" (p. 248). It is not enough to have ontological authenticity as individuals, but it is important for individuals to understand the meanings that others have derived and the value systems they represent. Denzin and Lincoln (2005) describe educative authenticity as "a raised level of awareness ... by individuals about those who surround them or with whom they come into contact for some social or organizational purpose" (p. 207). Educative authenticity took place specifically in Department A where interview respondents often noted that, much to their surprise, they learned about other unit processes and data and about communication systems or lack thereof within the department of which they were not formerly aware. Other more minimal opportunities for educative authenticity in this study occurred in category team leader meetings during data collection and during the respondent debriefings at the end of data analysis.

Catalytic authenticity is defined by the extent that "...a ction is stimulated and facilitated by the evaluation process" (Guba & Lincoln, 1989, p. 249). This study was about the self-study component of a comprehensive program review. Although the directions for the self-study included an action planning step, that process did not occur for either department at the close of the self-study. For Department A it

occurred subsequent to a site review process comprised of external and internal peers. For Department B, the site review process was postponed until the department could become more compliant with the Texas Quality Award criteria. This in itself was an action plan for Department B—how they would proceed to work on their opportunities for improvement.

Tactical authenticity indicates the degree to which participants and stakeholders are empowered to act (Guba & Lincoln, 1989). Denzin and Lincoln (2005) described *tactical authenticity* “... the involvement of the researcher/evaluator in training participants in specific forms of social and political action if participants desire such training” (p. 207). In this study tactical authenticity was most noted in the role that participants had to contribute to the evaluation of the process both during and after the self-study. The researcher was in the position within the Division of Student Affairs to continue working with the departments in reflecting upon and shaping their subsequent action plans.

Summary of the Methodology

This chapter outlined the methodology for this study and its rationale as well as the actions taken to assure its trustworthiness and authenticity. Chapter IV will provide a “thick description” of the context of the study as discovered from observations, interviews and the researcher’s reflexive journal and through “... a process of cocreation as participants’ stories infuse researchers’ interpretations in a way that the boundaries between the two become at once distinct and blurred” (Jones, 2002, p. 468).

CHAPTER IV

THE CASE STUDY

The presentation of results in a naturalistic inquiry is to make meaning of the researcher's observations, interviews, and reflections. As Arminio and Hultgren (2002) defined how goodness is determined in the interpretation and presentation of qualitative research, they called for the researcher to examine, expose, explain, and then illustrate with examples that which would uncover the meanings hidden in the text.

The chapter is structured in two sections. The first is the thick description necessary for the reader to understand the context of the setting—the institution, the student affairs division, the two departments, and the researcher. The second section is developed around the findings from post self-study interviews and reflections that answer the research questions. Consistent with Lincoln and Guba's (1985) demand, any finding in the second section was triangulated against at least one other source or method in order to be included and given serious consideration.

Context of the Setting

The Institution

The institution for this study was a research extensive institution in the region accredited by the Southern Association of Colleges and Schools (SACS). It was the state's first public institution of higher education founded in 1876 and held land, sea

and space grant designations. It has 10 academic colleges and two branch campuses. The institution's presidential leadership changed hands in August 2002.

In the fall of 2004 when this study was undertaken, the enrollment was 44,435. Eighty percent of the student body was undergraduate; 86% was between the age of 18 and 25; and 88% was full time.

Division of Student Affairs

The Division of Student Services was formed almost 100 years after the institution's founding. A Dean of Men was first appointed in the late 1940s and student services functioned under his leadership until a Dean of Students position was created in 1959 with a Dean of Men and Dean of Women reporting to it. It was 1973 when a Vice President of Student Services was named. The first Vice President served until his retirement in 1993. Under the leadership of the new Vice President who was an internal candidate and would serve for 10 years until 2003, the Division formally changed its name from Student Services to Student Affairs in 1994. The third Vice President who had no previous experience with the institution began his tenure in June of 2004 succeeding an internal, interim Vice President of one year.

In the fall of 2004 when this study began, the Division was composed of 11 departments and over 700 staff members. The central leadership in the Division was provided by a Vice President, two Associate Vice Presidents (AVP), and two Assistant Vice Presidents. A comprehensive program review (CPR) process had been in place since 1997. All departments had experienced the same CPR process on a staggered basis between 1997 and 2003. Comprehensive program review included

both a self-study and site review process. The researcher directed the department that provided oversight and support for the CPR process. As Division departments moved into rotation for the second cycle of reviews, there was a need for a new process that would promote greater evaluation against standards and more outcomes supported by evidence with less time and effort spent on description of programs and activities—a condition that had plagued the first CPR cycle. The pilot program developed to correct this problem was based on the Malcolm Baldrige National Quality Award (MBNQA) for education and its state equivalency, the Texas Award for Performance Excellence for Education (TAPEE). The training manual developed by the researcher for the Division of Student Affairs, Phase II comprehensive program review process is provided in Appendix A. Although a site review was planned as part of the CPR, this research study was about the self-study process only.

In July of 2004 the researcher observed a 90-minute session of information sharing by the training facilitator in the Vice President's Conference Room with the Vice President, two Associate Vice Presidents (AVP) and the Directors of the two departments that would participate in the pilot. The training facilitator presented a comprehensive executive briefing of the TAPEE. He articulated that the process was not for a dysfunctional organization but for a stable, improving one. He explained that the process was about cross functionality not silos within the department under review and that it looked at systems and how well people were integrated within the system or "the goodness of the fit between the system and its people" (S. Osters, field notes, July 26, 2004). The facilitator also stressed that the TAPEE provided a diagnostic approach not a prescriptive one and that it did not tell organizations what

to do but instead allowed the organization to assess itself against high-performing organizations since that is where the criteria came from. He also made the additional points that the process was about organizational learning and how systems and processes beyond the individual staff member were working. Alignment with the institution was also of issue. After the session, the researcher would observe that “I have no sense of how this was received by the Vice President or his staff” (S. Osters, reflexive journal, July 28, 2004).

Prior to the initiation of the self-assessment training for each department, the researcher followed up the initial information sharing session of July 26 with individual interviews with the Vice President and each AVP to whom each department was a direct report. The interviews and the individual perceptions of the comprehensive program review process based on the TAPEE were markedly different, reflecting both the range of longevity with the institution and the experience and expertise of each individual.

The new Vice President (two months into his leadership of the Division) was interviewed in his office in the Vice Presidential suite as was the AVP for Department A. It was more convenient for the AVP for Department B to be interviewed in the researcher’s office in another building. Specifically it was the intention of these interviews to determine each individual’s expectations for their Directors based on the six TAPEE Categories—Leadership; Strategic Planning; Student and Stakeholder Focus; Measurement, Analysis and Knowledge; Staff Focus; and Process Management. Additionally the researcher was interested in understanding if and how each individual focused on assessment, planning, improvement and change as part of their

management strategies in supervising and leading the Directors that reported to them. For the AVPs who directly supervised the pilot study departments, the researcher was interested in knowing their expectations for the new process of CPR.

The Vice President's approach to leadership expectations (TAPEE Category 1.0) was to describe the three dimensions of leadership that interested him: the accomplishment of task/purpose; the optimization of resources for the task's accomplishment (getting the most impact); and the ability to see their leadership role within the context of the institution and its academic mission.

The AVP for Department A had no formal criteria. She asked her directors questions in their annual performance review and specifically asked them to review themselves. She often used a 360° evaluation. When asked the criteria he used for perceiving his directors as leaders, the AVP for Department B liked to see what they did and what they provided under adverse conditions and how they accomplished a task, built support and enthusiasm for it, communicated, and held people accountable for the outcomes. He described Department B as a rapidly evolving leadership group with highly experienced professionals who were in new roles. His personal move into the Vice President's office from his more direct and sole responsibility for supervising the department would provide more opportunity for program leadership in the individual units.

The question to the respondents about Planning (TAPEE Category 2.0) was about strategic plans for the Division of Student Affairs as well as their expectations for the planning efforts of individual departments. The Vice President admitted to being conflicted about planning.

... On one hand it is hard to collectively do a strategic plan for a big university Division of Student Affairs. At the same time, it is dangerous when departments think of themselves as the center of the universe, which is what happens when they do their own strategic plan independent of anyone else... (VPSA083004VP174-177)

In addition, the Vice President reflected on how dynamic the external environment is and that changes in other areas of a university can have a dramatic effect no matter what a department has planned. In another thoughtful reflection, the Vice President articulated his concern that too much time was spent on the planning process and not the goal.

I think that the trap is that sometimes people will spend a lot of energy on the process and not on the goal, and by that I mean going through very structured and protracted exercises to establish what that strategic plan is, and in our view, most of the time what would be more important would be to have people simply discuss and share and know where each other are at as far as intent, and kind of like a more amorphous notion of direction so that they know what each other's intents and goals and aspirations are... (VPSA083004VP193-203)

As he continued to reflect on most institutional strategic planning processes, the Vice President noted that usually after years of compliance to produce the report "it becomes a task with little, if any, buy in towards what it is serving" (VPSA083004VP208-213). At this point in the interview and in light of his previous reflections, the researcher asked the Vice President what his expectations would be for department leadership in regard to planning.

That is a demand that I think the onus is on the leaders to not make it an accountable exercise, to have it be a productive and educationally focused exercise, and in a sense the way it is... "As long as we are doing this anyway, let's do it right, not do it expediently," and that is easier said than done, because I think that all of us are generally trying to do too much in too little time. And so ... it is often irresistible to try to find the shortcuts.

To do things right usually means to take more time and more energy and more effort, and that is where the role of the leader comes in, to push people to go

beyond the expedited and to have things be as productive and as optimizing as possible, and again easier said than done. But the best leader is not necessarily the most popular leader.... Sometimes you have got to push people and press them past their comfort level whether it is educationally or administratively. It is not always going to be able to be fair. (VPSA083004VP229-240)

The AVP of Department A who had 24 years in student affairs at the institution spoke extensively about the Division's history of departments being very independent and doing their own thing when it came to planning. In addition, when there was a Divisional effort on planning, departments reported through different individuals in the Vice President's Office rather than their direct AVP reports which further complicated the situation. She recognized Department A's long-term efforts in planning and knew that it was important to the Director. For other departments reporting through her, however, "... every time that we meet, there is a list a mile long of all the issues of the day that we are having to respond to and talk about" (VPSA082504AVPA20-29) and, therefore, she did not visit on a consistent basis about strategic planning. In her opinion there would be value in shifting some of the departmental independence to a more integrated model or a standard set of expectations, but she said that would take changing the historical approach where the VP's office has been available to assist, to help attain resources, to be a conduit for information, to assure compliance with the University's direction, and for each direct report to work with their departments in very different ways.

For the AVP of Department B the planning piece along with assessment gave him "... an insight very quickly into why we are doing something and then it also gives me the ability to understand the success or lack thereof of a particular initiative or set of initiatives..." (VPSA090204AVPB180-186). He also was clear to point out,

however, that although he had found nothing more valuable than outcomes assessment data because “it is revealing, compelling and provocative, period,” he found strategic plans to have been a waste of time. “They are wonderful things to say that you have. Lots of people have them. They are rarely used in any way that holds people accountable for them...” (240-246). He continued to speak about the ideal (goals, objectives, and timelines) versus the reality “where the rubber meets the road, where it is really serious, it falls apart” (269-274).

So, my humble opinion is that we often have those documents as a CYA. We do not hold anyone accountable. If we were serious about it, we would do it differently. We would write it into the job descriptions ... the budgeting process... (VPSA090204AVPB 274-280)

Like the Vice President, the AVP for Department B would come back to this issue of leadership in respect to planning. In order to have real planning, he said, “You hire directors who have a vision.” Although student affairs departments are not always in alignment with one another, each can be excellent in their own right. When putting their strategic plans into the same document, their goals do not always look like they belong with one another, “... but, boy, they sound great when you get them to work together” (VPSA090204AVPB252-260). He believed that student affairs departments could agree on several global goals such as serving students, serving them better, using resources wisely and having greater collaboration with academic affairs, but beyond those you lose alignment and agreement because of the very nature of departmental differences.

The respondents were then asked about how they determined that student learning and development were taking place through student affairs programs (TAPEE

Category 3.0). The Vice President said that it all boiled down to "... whether students have a broad scholarly way of collecting and analyzing information that is presented to them and are able then to discourse on that with those around them" (VPSA083004VP245-248). In other words, it was learning and critical thinking skills and the obvious demonstration of them. He said you should be able to tell the freshmen who would be the least thoughtful and skilled from the seniors. "It jumps out at you. Wow! This college had an impact on this person" (252-256). Specifically for students participating in student affairs programs, you would see a difference between those who participated and those that did not.

... I think that you would find that a ... freshman who lived on campus and one who lived off campus, [if] you give me their academic records and a taped conversation with them, I will give you lots of examples of the difference of the impact of living on campus than off campus—and when I say transcripts, both their academic and their experiential resumé. I would be able to point out lots of differences that living on campus had in a productive sense if our housing program was good. (VPSA083004VP277-282)

He went on to say that with a sophisticated measurement technique you would discover that the activities that had an impact were purposefully planned and had a purposeful strategy. "I was very impressed when I talked to the directors on this campus here. There was virtually no activity, either in its timing or its outcomes that isn't purposeful" (VPSA083004VP285-291).

The AVP for Department B's answer to the question about how student learning and development were the outcomes of student affairs programs said it was outcomes assessment. He reviewed the various units in Department B and said that it was a mixture of more or less assessment but that was true in most student affairs divisions. The AVP for Department A did not articulate expectations for this Category.

The discussions of the importance of TAPEE Category 4.0 on Measurement and Analysis produced affirmation from all three respondents. The Vice president said that the real question was how and when to use the appropriate assessment strategies.

Sometimes I think that we waste a lot of energy measuring activities that really are not that important simply because it is easy to measure, and we avoid the study that is complicated because we do not have a lot of time and energy. (VPSA083004VPP312-318).

The Vice President recognized that highly structured assessment with instrumentation and statistical analysis were not always possible but cautioned against relying on simple measures of observation and outcomes based on satisfaction. He advocated outcomes and assessment plans.

Well, I think too often we, in our enthusiasms for new programs and new ideas, we institute them, and then we convince ourselves they have worked by unstructured observation, by emotional attachment, by whether people like them, and in a sense subjective measures of the observer or the participant ... and in planning an assessment [it] requires you to identify purposeful educational goals and educational measurements and then to contrast the change or the result of those goals and use that as a measure of success. It is objective, and it removes the emotion that often times gets attached to pet programs. (VPSA083004VP20-29)

The AVP of Department A said that although there were good examples of assessment throughout the various departments and programs she supervised, there was a lot of room for improvement. She reiterated what she had said previously that her interface with her directors was much more about where they were, where they were going and what were they doing in terms of the issues of the day. She was becoming more focused, however, on assessment especially as programmatic initiatives were being discussed.

I have begun to ask the question about assessment. What is the basis for going in that direction? And what data do you have to support the success, or what is the

justification for using a particular approach? And so kind of challenging some of that. (VPSA082504AVPA106-111)

The AVP of Department B said that he needed evidence of assessment and planning because he was relying on his directors to give him a picture of many areas.

It is extremely critical, because you are trying to grasp the understanding of parts of three or four reporting areas. You have to rely on the director to understand the whole picture. You have to grasp pieces of the picture of each one of those and have an understanding. You cannot do that without some type of assessment. (VPSA090204AVPB169-177).

The AVP of Department B reiterated again what he said about planning. Assessment plans, if not tied to accountability and budget, become an exercise of little value for its participants.

When asked about the interest of a Vice President's Office in departmental staff, staff development, staff performance and work environments (TAPEE Category 5.0), the responses of the three were similar. The Vice President said that it was not necessary for the Vice President to be involved as long as it was done well at the departmental level. The AVP for Department A was aware of staff satisfaction due to the use of 360° performance evaluations, but she expected her directors to handle staff performance. Department B's AVP said that it was important for him to know how leadership is perceived so that he knew how to help them get better or to encourage them to stay the course.

TAPEE Category 6.0 is Process Management. The researcher ran out of time to get the Vice President's perspectives on process. The AVP of Department A said that the only process she engaged in was the complaint process. She thought that the definition of process and the language used would be a difficult challenge for the

departments reporting to her. Department B's AVP acknowledged that Department B was very program oriented but that they had processes as well, and he hoped they would see the value of looking at them.

The researcher asked the respondents how they determined that a department was performing effectively (TAPEE Category 7.0, Results). The Vice President said that it went back to planning and assessment. First, it was how well the department contributed to the academic experience. Second, it was how the department used the best practices in their field and explored the cutting edge of practice and how they planned and assessed to see if those programs were successful. Third, it was how well the department developed and continued to develop collaborations and partnerships across the institutional landscape so that faculty, staff and administration shared in the understanding and appreciation of what the department contributed.

The AVP of Department A said that discussions about results were done periodically—mainly at retreat settings. When directors shared their assessments and plans with her, she had the sense of their results. If they did not share that with her, she could use the opportunity to suggest how other departments were approaching their planning and assessment. The AVP of Department B said that because his experience with this institution was short, he had to go back to how he had approached it in previous institutions.

I like to know what they think they are trying to do, and I get them to articulate that, and then let's see if they are doing that, and then let's come back later on and see if what they are trying to do is appropriate... (VPSA090204AVPB199-205)

Finally, each AVP was asked specifically about their expectations for this new comprehensive program process based on the TAPEE. The AVP of Department A

thought it would be difficult because it was a different way of thinking and because it was different from the process they had experienced previously. She believed that it might be a challenge to see themselves as an organization rather than individual program units and through a process lens. She believed that the seven Categories of the TAPEE would be ones that all would have interest in improving.

Department B's AVP said that under the best conditions the department "would get information that allows them to adjust some things in what they do, to be better at what they do, and/or to get ideas, to give them awareness that they do not have" (VPSA090204AVPB370-372). He believed that it was important for this department to see itself as a "smaller, mirror image of the Division of Student Affairs" (376).

It is six areas that have some commonalities and some vast differences that somehow have to unite and come up with an idea—the same way that there are eleven departments in Student Affairs that have some commonalities and some differences that have to unite, and there is tension always between two paradigms.... Is each [area in the] department in their own canoe and paddling their own canoe or are we all on one boat and we each have one oar? (VPSA090204AVPB377-385)

The bottom line was that he believed that it would turn out well because it would give the Department a snap shot of the evolution of the department as it was happening, but that the real question was what they would do with that knowledge.

After a reflective look at the interviews with the Vice President's Office, it was noticeable that although they had more differences in their expectations or the expression of them than they had similarities, there were no major areas of conflict. The Vice President had been on staff for only two months and was immersed in learning institutional and Divisional leadership and culture. There had been no opportunity for them to have discussed most of these issues as a working group.

The expectations of each director are described below in order to share their vision within the context of their entire department. They were conducted on August 19, 2004 with the Director of Department A and September 3, 2004, with the Director of Department B. Following the director's insights, a description of the researcher's observations of each department during the process is presented to complete the reader's understanding of the situational context of this study.

Department A

Department A became a department within the Division of Student Affairs in 1992 after leadership had been jointly shared with an academic department since 1979. It had two major programmatic areas in 1979 and added three more during the next 15 years. In 1995 the department opened a new facility and in 1997 added its sixth programmatic area.

The department had the same director since its inception. Its senior leadership team was remarkably stable as well. During an interview prior to the self-assessment retreat and the initiation of the self-study, the director looked at his organization in terms of the TAPEE Categories and his expectations for the outcomes of this CPR process. He spoke directly to Category 1.0 on Leadership:

I think that in the leadership area, we are probably in pretty good shape, because we have purposefully over the years tried to develop leadership and tried to extend leadership in all of our areas of the organization and to include everybody in the department, not just the traditional leader, and so I think that will show up pretty well. (DA081904D250-255)

As he reflected on the TAPEE Category 2.0, Strategic Planning, he acknowledged that the department had "a little bit of a breakdown" with the loss of a long-term

employee who had been responsible for planning. (The Division of Student Affairs and the University also had not been engaged in formal planning because of major changes in leadership in 2002-2004.) The director affirmed, however, that the department had a long history of strategic planning and

... The thing I like about strategic planning is that if you put down a target, you are much more likely to achieve it, and we have been able to do that over 20 years of strategic planning. (DA081904D36-40)

Although he was not as knowledgeable about the TAPEE criteria as he would become with time, the director spoke directly to his approach to planning as organizational alignment and accountability.

... We have asked all of our people ... to tie their objectives (for their area of responsibility) to the goals of the department, the Division and the University ... and then you have fifty people working on advancing the strategic plan in their own way.” (DA081904D89-95 and 107-113)

When he spoke to the deployment of strategic planning, the director talked about strategic plans containing timelines, outcomes (assessment) and levels of achievement. He recognized their deficiency in deployment and was clear as to what they needed to do to address it.

Now, if we put all of these (individual plans) together in a matrix, and then we have a critical review of that, then we will be able to say that more certainly progress is being made in the right direction. Right now, we are relying on supervisors to say, “Yes.” ... We need to study that. We need to put it together in a matrix and study it. I think that is the last step in that whole process. (DA081905D137-141)

Part of the conversation on planning included a discussion of budgeting and the integral relationship between the two. He believed that budgeting and strategic planning “go hand in hand” and had developed a process that kept the two intertwined. “It has empowered a lot of people, and it has taught a lot of people about budgeting”

(DA081904D166-172). Ultimately, the integration of planning, budget and assessment had become annual program reviews that drove the department's priorities for the coming year.

He believed that the TAPEE Category 3.0, Student and Stakeholder Focus, was the "best thing we do overall" (DA081904D256-260). He acknowledged that they took the best care of each other as stakeholders, then their customers and then the balance of their stakeholders. He believed that this would be a very strong Category for them.

As to the TAPEE Category 4.0, Measurement, Analysis and Knowledge Management, the director recognized their shortcomings:

Assessment, I think that we are getting better at it. And we have talked about that we do quite a bit of assessment now, but I don't think that we have fully closed the loop on it, and to see how we use assessment to make the program better. (DA081904D72-75)

As with the TAPEE Category 3.0, the Director believed that Staff Focus, Category 5.0, was another of the best things that they did. He recognized that with a large student staff they did not do as well as (they did) for the full time, permanent staff, but that they had begun to work on that issue already.

TAPEE Category 6.0, Process Management, was an important area for him:

I am big into process. I am the person that says that if you create a good process, then you resolve a lot of problems before they ever happen. I am not sure that all people in our department are on board with that, and a lot of the stuff that they do is gut feeling and maybe not repeatable, and I believe in developing things that are repeatable. (DA081904D267-271)

Overall, the director believed that they would be in “pretty good shape” in TAPEE Category 7.0, Performance Results. He prognosticated that they would score around a 350 or 400 in their self-evaluation.

In summary, the Director expressed his enthusiasm for the process his department was about to experience.

I like the national standard concept that involves criteria. I think that it will give us a good benchmark for ourselves to compare with the next time around. It would be nice if we would stick with this for next time around, too. I really like it. I like getting graded (laughing) and that really does that here. At the end of the last [CPR] process, it was kind of like, “Ok, that was fun, but where are we exactly?” This will give us a “where we are exactly” kind of view, and I am trying to encourage my people not to be afraid of that (being graded), and I think that they are okay with that, and a lot of those sensations come from the director of it. (DA081904D19-25)

The Director chose his leadership team and made the assignment of the Categories they would facilitate. He served as team leader and as the facilitator for Category 2.0, Planning. In the first month during training and initiation of the self-study, he added a co-leader to three teams including his own to either balance the work load or provide a balance of experience and expertise. The editor of the document also led a Category, but after several months received editing assistance from another professional staff member. The Director’s lead office associate joined the team at its first meeting. Her assistance became invaluable to the researcher and to the team as she handled communications, meeting times, and minutes.

The first leadership team meeting took place in the department’s large conference room with the training facilitator and researcher as conveners. It was a three-hour orientation to the TAPEE and to the two-day self-assessment retreat for the entire department. The training facilitator gave much the same orientation to the team as he

had to the Vice President's office—explaining the MBNQA, the TAPEE, the two-day self-assessment retreat for the entire department, and suggestions for how to structure the Category teams. The researcher noted in her field notes that there was rapt attention in the group as the training facilitator described the process of looking at themselves holistically and striving for aligned rather than random acts of improvement. He also stressed that the organizational profile needed to be completed first as all Categories would refer back to it for alignment with mission, vision, goals, and key student learning and development factors. As he explained, all Categories (and areas in the department) are the systemic parts necessary to accomplish the whole as found in the organizational profile (and the department).

There was active questioning from the entire group. They asked specific questions about the Categories that they were leading and about how to determine the participants for each team. Several admitted they would need a co-leader to cover the demands of the Category.

The training facilitator closed the session by encouraging the leadership team to "... keep it manageable and realistic for your organization. If it doesn't make sense, don't do it. Make it a tool to benefit you" (S. Osters, field notes, August 9, 2004).

The Director closed the session by asking "Are we all comfortable in the role we are playing?" (S. Osters, field notes, August 9, 2004)

Two days later the team met again in the same location to choose the membership of the organizational profile and each Category team. They had started to work before the researcher arrived and apologized for doing so, but they were "getting into the process." Names of every staff member—professional and associate—were written

on a dry-erase board. Almost no one was sitting down. They were all actively engaged in placing all of their staff appropriately into the teams. They considered each Category and each staff member for teams that were purposefully balanced by gender, experience, associate staff and graduate assistants. Their discussions also involved balancing individuals' knowledge, comfort level with the process, work areas within the department and ethnicity. They made sure that every member of the staff was assigned to a team.

There was much laughter, good-natured teasing, joking and general camaraderie. Everyone appeared to be working toward the same end.... One team leader joked that he "will make magic with what he has" and said that would be the case no matter who was on the team. They began to make the process feel like a draft pick scenario in a professional sport as team leaders would say "I'm very happy with the addition of this individual" which would be followed by a roar of laughter. (S. Osters, field notes, August 11, 2004)

As the leadership team finished the process, the director closed the meeting by telling the researcher, "Of the 53 people here, we probably have only three to four who are not able or willing to lead" (S. Osters, field notes, August 11, 2004).

The two-day self-assessment retreat was led by the training facilitator with minimum assistance from the researcher. It was an intense and agenda-packed two days that began at 8:30 in the morning and ended at 5 p.m. All department staff was in attendance but the six that needed to stay behind to "run the enterprise." There was a very short orientation to the TAPEE and then a series of sessions on the organizational profile and each of the seven Categories. The training facilitator told them that in these two days they were developing 40 to 60% of the information necessary to complete their self-study (answer the criteria in each Category). The training facilitator emphasized the following points: the process was about organizational

learning across functional areas and how well functional areas collaborate and align for the success of the whole organization; the focus was how the department approached, implemented (deployed) each Category and the results they got; Category teams would share how they approached the criteria in their respective functional areas (there would be a wide variation in strength) to get a sense across areas and develop a consensus of how the department as a whole addressed the criteria; data was the foundation rather than “off the cuff”; results were important but how to understand and improve was the goal. He emphasized with all of the staff what he had emphasized to the leadership team previously; they would come back to their key student learning and development factors (key business factors in Baldrige language) over and over again.

Department staff was divided into five groups (not by the Categories in which they would subsequently participate) with a leader, recorder, and time keeper. The general structure of the Category sessions was a brief overview of the Category by the training facilitator; 40 minutes of brainstorming on approximately three different items per group and the areas to address within each item; results committed to large newsprint sheets posted on the wall beside each group; a 30-minute sharing of findings by each group’s recorder so all could see what individual groups had brainstormed; additions to the findings of each group from others; summary of the Category based on strengths and opportunities for improvement; and consensus on item and Category scores (following the TAPEE scoring guidelines). Time for lunch and breaks were part of each day. The day and its activities moved very rapidly. At the end of day two, the training facilitator led the team in developing a total score.

Category teams met at the end of the second day to discuss the findings of their Category and to plan their next steps.

From the researcher's field notes (S. Osters, September 16 and 17, 2004) the first of the challenges for student affairs professionals working with the TAPEE emerged. The language of the TAPEE was an immediate problem despite the fact that the researcher and the training facilitator had spent considerable time on reframing language from the TAPEE to student affairs friendly words. "What are "student segments"? What's the difference between competitive and comparative? What is a global customer or a segmented customer? How do you assess your assessment? What are types of analyses versus data collection techniques? What is question 67 asking for? What does this mean?" The second challenge came on the second day when all working groups struggled with the items and areas to address in Category 6.0, Process. The researcher simply described this session as "agony" for the participants.

The researcher's field notes (S. Osters, September 16 and 17, 2004) also reflected the mettle of the department and its staff. No one was afraid to ask questions and did so throughout the two days. The true competitive spirit for which they were famous as a department was evident throughout as they matched practice and experience against the TAPEE criteria. Several times the researcher noted that they were willing to engage the criteria and each other, to dig in and discover meaning no matter how hard or how confusing they found the questions. During one break when many found their way outside to refresh, one working group kept working because they had uncovered a gap and wanted to keep working on it. At other times, staff would

wander the room to read what other teams had written. When they were in their brainstorming sessions, everyone was involved. The discussion was rich and the data generated was prolific. The researcher saw no “outliers,” disengaged or disinterested participants, even when they were getting tired at the end of the day. “The thoroughness of this continues to amaze me. They are loud. There is much laughter. They move around. But all results in a very comprehensive and thorough dedication to the questions. It’s really amazing output for brainstorming” (p. 2).

After the first brainstorming session they had the process down and took the initiative to prepare the walls with newsprint for their next session—relieving and assisting the researcher from that chore. Sharing sessions with the entire staff were fair, honest, and objective about the department and their efforts as an organization. They were always proactive in their approach to the Categories—trying to understand and generate responses rather than reacting to or complaining about the difficulty with understanding exactly what was expected. Although hard to keep this department sitting for long stretches, the fast paced agenda was helpful.

During the first and subsequent breaks the researcher and training facilitator talked with amazement about the maturity of the organization and its staff. The training facilitator commented that the department was “more mature than any organization he had worked with” (S. Osters, field notes, September 16, 2004). He told the group at large after the session on leadership, “You have done a great job in your discussion and the information you have captured. You have been more than fair and objective in your willingness to look at yourselves.”

At the end of the first day, the training facilitator asked for the pluses and the negatives for the day. Pluses were the discussion, lunch, the fast-paced format, and their own honesty and objectivity. Negatives were that the terminology was difficult and that discussion and focus became more difficult in the afternoon. At the end of the second day, the staff and training facilitator processed and aggregated the scores. The training facilitator said that they would not want to change their approach and deployment (Categories 1 through 6) which were high just to get a higher score in the results Category which was lower. In other words, they would not want to change their culture in order to get higher result scores. The director reflected that they needed to work toward better documentation around their key student learning and development factors. He acknowledged that they would have inconsistency with the independence granted to each area and that it would be the challenge for senior leadership to improve the inconsistencies without destroying that independence.

In the middle of the morning on the second day the heart of this department was clearly evident to the researcher and training facilitator. The training facilitator had asked the group why they had not scored themselves higher on one of the items in Category 5.0, staff focus. The explanation was that they always felt there was need for improvement. "We pride ourselves on this (staff and student employees) and put so much time on this, that we didn't want to rate ourselves so high that we became self-satisfied" (S.Osters, field notes, September 17, 2004, p. 2).

At the end of the second day, the training facilitator told them that he appreciated their energy and wished they could actually apply for the TAPEE. He said that they had an incredible total score, especially since it was the first time they had assessed

themselves against the criteria. It usually took several cycles of improvement to get there. “It reflects well on your leadership, culture, and commitment to students” (p. 6).

On Friday evening after the second day of the self-assessment training retreat, the Director went back to his office and sent this e-mail message to his staff with a copy to the AVP and VP.

I want to thank each and every one of you for the contribution you make every day in creating a successful organization that delivers quality products to our customers. As [the training facilitator] said, our 580 score would qualify us as a winner if we were able to apply for the award. You are an elite group and I appreciate your desire to do even better. (Department A’s Director, personal communication, September 17, 2004)

Department A’s leadership team would meet seven more times during the course of the fall semester. The first meeting was only five days after the retreat. Most of the meeting was spent asking questions about how to write individual Categories (question by question or narrative style); how to handle redundant information that was found in other Categories; continuing questions on what the questions themselves meant or how particular words were defined; setting a timeline for completion by the end of the semester; and conversation about the site review team that would come during the spring semester. There was some concern about getting those few staff members involved who were not able to attend the retreat.

At one point the conversation simply stopped. The researcher who was trying to capture her observations and the conversation by note taking recognized that they were expecting her to lead the meeting and provide the focus. When that did not happen and some of the initial questions were answered, they turned to what seemed

easiest to discuss—the site review team in the spring. Once over the initial recognition that the researcher was not the team leader and the site review team discussion was at an end, they started to deal with what was really important to them. When the Category 7.0 team leader on results acknowledged that most of his team’s work would come upon completion of everyone else’s Categories, the question became whether other Categories would “... hold others hostage until they were through with their section? That’s where this group [the leadership team] will be helpful—working on these questions” (S. Osters, reflexive journal, September 22, 2004, p. 2-3).

The second meeting was with the training facilitator to follow up the two day self assessment retreat. The training facilitator answered many questions but repeated to them that they needed to concentrate on agreement of their key business factors (key student learning and development factors) and how the individual Categories influenced those factors” success and improvement. Each Category was to thematically address them, and the leadership team’s responsibility was to integrate them. He also told them that they had no room for redundancy or summation. They should concentrate on improving their strengths or working on their opportunities for improvement through action plans for each Category. Again the leadership team would decide which of the action items were the most important for the department as a whole.

The researcher observed that each subsequent meeting became more of a “show and tell” by each Category leader and less of a synergistic sharing and developing by the leadership team as a whole. The researcher asked if they were sharing with each other at times besides the meeting, and they said yes. The researcher would observe

If they are talking to each other in order to coordinate cross cutting themes, they are doing so outside of these meetings. They say they are. At this point it looks like the review of the final draft document will indicate whether there is alignment and coordination as that has not been done in the lead team meetings where I have been present. (S. Osters, reflexive journal, October 20, 2004)

The meetings continued to be filled with camaraderie and laughter, but as the weeks wore on, the task was to get to the end of the project. By November, Categories were completing their work and posting it to a shared, internal online document for all to read and comment upon. The editors became more dominant in the meetings as they were conversing with Category leaders in an attempt to bring some homogeneity to the self-study document's structure and voice and to meet their deadlines. Everyone struggled with how much and how little detail to have. A series of appendices started to develop as what seemed for many to be the security to assure that their story was told even if it were not in the main document. The Director would comment that the appendices were fine but that the self-study document should be able to stand alone. "The appendices are for us—and the site review team if they want them" (S. Osters, field notes, November 3, 2004).

The Director's leadership and his staff's respect for him were apparent throughout the process. He was always positive, supportive and forward looking. "The major things that will come out of this—a strategic plan and a process that we hold ourselves accountable for" (S. Osters, reflexive journal, November 3, 2004, p. 6).

By December cracks appeared in the process. When the researcher asked all of the Category leaders if they wrote to the key student learning and development factors, the answer was "more or less," "not really," or "indirectly." One Category leader admitted that he found them difficult to work with and contrived and that he had used

their mission statement and core values. There was much discussion at this December 9 meeting that began to shift the emphasis from the key factors they had identified in September to the department's core values. The discussion confirmed for the researcher that for the most part, the synergistic conversation that was to take place among the Category leaders and within the leadership team had not taken place.

On December 15 in the last meeting of the semester, the team leaders who were reading the entire document were finding repetition—some within each Category and significant amounts between Categories. They saw the repetition as an indication that they were on the same page and that they had focused on the same things. They believed that if the site review team reviewed it in sections, it would not seem as repetitious. For the researcher it confirmed again that the leadership team meetings had not functioned as the training facilitator or she had believed they would (S. Osters, field notes).

The discussion continued. Did they learn what they needed to know to improve and document better? Did the TAPEE standards give them greater credibility within the institution? Was the process aligned with the University's direction on evidence-based decision making? The editor commented that it had forced them to substantiate the claims they made every day to the Division of Student Affairs, to the institution, and to their stakeholders. A deep discussion took place about outcomes assessment and developing trend analyses and action plans for the department. The researcher was most frustrated because the discussion was so rich and so generative after weeks of cursory sharing, that she simply could not take notes fast enough to record it all. "I've missed so much," she lamented in her field notes of December 15, 2004.

Department A embraced or exemplified several of the TAPEE Core Values and Concepts. It had visionary leadership as expressed by its director who had clear values and high expectations for his staff and the performance of the department. He inspired and motivated his staff by sharing leadership and continuously developing it. He was personally involved in the self-study process and served as a role model to all with his commitment and belief in the positive outcomes for the department. Both the Director and his staff believed in a customer approach to their work and to the value of all staff in providing that focus. The Director believed that a student and staff focus (Categories 3.0 and 5.0, respectively) was what they did best and the results of staff brainstorming during the two-day self-assessment retreat showed the same belief. The fact that all staff except the few that had to manage the facility was at the two-day self-assessment and participated in the subsequent Category teams was evidence of the commitment to staff.

The Director believed in organizational and personal learning. He took a systems perspective toward his department and understood the necessity for alignment of all program areas with the department's mission, vision and core values and its key student learning and development factors. He also recognized that the challenge was to do so without destroying the historical independence of each program area.

Department B

According to the Department's Self-Study Report for their first comprehensive program review in 1998, Department B was born in a reorganization that occurred in the Division of Student Affairs in 1995 when the Department of Student Affairs had

become both financially and organizationally larger and more programmatically diverse than other departments in the Division. In January of 1995 Department B was born, and the Department of Student Affairs became the Department of Residence Life and Housing and Department B. In February of 1995 the departments physically split, and Department B established a central office led by a director and associate director. The two departments shared a budget and some support personnel for another year.

In the spring of 1995 the department adopted its first mission statement and a logo—a five-pointed star that represented the five offices in the department at that time. In the fall of 1995 two assistant directors were added to its leadership structure. In the summer of 1996 these two assistant directors switched reporting and supervisory functions for their own personal and professional development interests. Smaller “switcheroos,” as Department B called them, would also take place “... to accommodate staff development interests and to provide solutions to department staffing problems” (Self-Study, 1998, p. 6).

Along with “the big switcheroo,” 1996 was a time for the department to begin to assert its identity. Because of the department’s seven locations in five buildings, it was difficult to recognize. In an attempt to form a common identity, the department logo was added to the doors of all offices and each office name was changed to include “Department B.”

In 1997 the Department developed its core values. In July of 1998 the Department added another unit at the request of the Vice President’s Office. It demanded another

shift in leadership responsibilities and reporting structures for both assistant directors and the associate director.

In its Self-Study Report for the 1998 comprehensive program review, the department would note that change had continued to be a part of its growth and development.

With the recent developments, the Department ... has continued to mature. Most of the original goals for the department were accomplished. Others have been redefined. It is now time to re-evaluate what we are as a department and where we are going. (p. 8)

In February of 2001 the Director left the Department and the institution for an opportunity in another state. The new Director was from another institution outside of the state and would join the staff in the summer of 2001. An associate director left the department for a position in another state in the spring of 2002, and a new associate director was hired in July of 2002. She became interim director in the summer of 2003 because of the move of the existing director into the Vice President's Office. The senior associate director left for another position within the institution in 2003.

In 2002 another event occurred that changed the presenting face of the department. Scattered in several locations throughout campus since their foundation, all but two units and the Director were consolidated into temporary space. The space was less than ideal. Individual offices were separated by five-foot partitions. Narrow walkways separated offices on either side of several "aisles." There was one conference room for five units to share. Student activity throughout the area made it "alive" with sound. This location and situation would last for two years until August of 2004 when the department—in its entirety—moved into permanent facilities in a

newly renovated building. The accounting and technology departments although physically located in the new building would continue to report through the former director, now AVP, for several more months. At the same time, two new associate directors were named. Both had program responsibility for their own unit as well as yet undefined responsibilities within the department as a whole.

The comprehensive program review for this study would begin just one month after the department's physical move. In December of 2004 as the self-study leadership team attempted to bring closure to their study, two units of the department learned that they would be removed from the department as of February 1, 2005. One unit would become a department led by one of the former associate directors who had just been named to that position in the previous August, and the other unit became an office in its own right reporting directly to an AVP. In 2005 the department director would receive additional units of responsibility coming from inside and outside the Division of Student Affairs.

Department B's Director had been named permanent director only four months before the initiation of this study. The department was poised to begin a new comprehensive program review as it had been the department that initiated the first cycle of reviews in 1997. She had expressed some concerns for this undertaking in the meeting in July with the training facilitator. As he described that the process was for organizational learning about how systems and processes beyond the individual staff member were working, she worried that it would be a depressing exercise because the department would not have those processes in place. The training facilitator stressed that it was a learning process and a pilot. The value added would

be discovery. Rather than a grade card, it would be a map for improvement. By the end of that July session, she said that she was excited about the project and that it intersected with her own research interests about how chief student affairs officers made critical organizational decisions.

During an interview prior to the inception of training and the initiation of the self-study, the Director looked at her organization in terms of the TAPEE Categories and her expectations for the outcomes of this comprehensive program review process. In respect to Category 1.0, Leadership, she was concerned about how very new she and the new associate directors were to their roles.

I still think that this could be depressing in answering some of the 90 questions like “Have your senior leaders articulated a vision statement for you?” I think that the answer is going to be a resounding “no,” and I can explain that in many ways: a new President, a new Vice President, an awareness of a lame duck and then an interim early on.... I don’t think that our department necessarily saw it as such a deliberate reinforcement of our infrastructure and growing our department to great lengths. I think to them (the former director) could not make up his mind, and he just kept moving people. And I think that we are completely different than even when I got here two years ago. Because of some of the things that have happened, I don’t think that it has been well-explained, nor could it be really to the trench workers, to our professional and associate staff. (DB090304D60-76)

She hoped, as did her associate directors, that the choice of individuals to lead the self-study would be a reinforcement of their desire to share leadership and have more individuals involved in understanding the organization. Those chosen to be TAPEE Category leaders were not people that held title leadership positions in the department. They were mid-level professionals with varying lengths of service. “Each of them has expressed an interest in being more involved in the department so this was a bill of confidence and a reward for them” (DB090304D50-52).

She believed that TAPEE Category 2.0, Planning, had been left to the individual units within the department. The department's budget process was for the Director to tell each unit how much money they would have, and the units would operate within the money they were given. As a result of this top-down process, "... individual supervisors know more about the guts of their program areas than the [Director] does" (DB090304D178-179). She went on to say that part of the departmental culture was to get by with as little as possible and the end result was that people did not "... dream big or ... think big. They think about working with what I give them" (182-186).

When asked specifically about strategic planning on a department-wide basis, she was very candid.

No, not on a department-wide basis, even the strategic plan. And I am embarrassed to confess this to you, but it is true, those initiatives that we have, they are not the ones we brainstormed. They are ones that a staff member modified to fit what we thought was learning outcomes language. So, there is no commitment to them. So, when it came to revising them or reporting back on them, we basically had to stretch or make it up. They were not shared back, so nobody was working toward them. (DB090304D188-193)

The Director also believed there were positive signs of coming together as a department.

At a retreat a few months earlier, staff had talked about what it would look like and what it would take to be an example of national excellence and number one in the nation. There was much feedback, conversation on common themes or clusters and recognition of the need to revise core values.

It was difficult for the researcher to determine the Director's views on TAPEE Category 3.0, Student Focus, as so much of the conversation was dominated by the

confusion that staff felt about their identity as a department and the bruising that occurred both individually and organizationally as part of the constant change in the department's structure and leadership. Essentially, she led five units that had service to students at their very core. She said that they considered themselves to be educators. "So, if I am an educator, and [there is] a developmental or population need, maybe that is how [our department] makes more sense" (DB090304D144-146). In another bit of insight, she said that they were the department that everyone loved because when you ran into trouble as a parent or student, they were the people that helped navigate the system because of their connections and the many groups they worked with.

As to the TAPEE Category 4.0, Measurement, Analysis and Knowledge Management, the Director spoke briefly. She believed that some of her units did some of the quantifying that came easily with data that was readily accessible, but she also thought they missed some of the more meaningful data because of not knowing how to go about the assessment. She believed that the CPR process was potentially helpful in understanding and making a difference in this respect.

When the researcher mentioned that the Department had been the first in the Division of Student Affairs to think about and develop student learning outcomes, the Director said she hoped the CPR process would take them back to that more intentional and articulated practice.

When I first took over supervision of [one of the unit coordinators], he said that he worked on learning outcomes for his area two years ago, but nobody ever asked him for them, and so they are here, but he's not going to spend any more time on them until somebody is "good and ready for them." And I am thinking that is a poor perspective for a professional to have. If I was running a program

area, and I had learning outcomes, even if my boss was not asking for them, that is the way that I would be running my shop. (DB090304D258-263)

TAPEE Category 5.0, Staff Focus, looks at work systems, performance management, hiring and career progression, and staff education, development and motivation. The Director was brief.

So, I think that what we are going to get out of this process is a lot of “No, I don’t know where I am going. No, I don’t know where I fit in. No, I am not even sure what the mission is.” And some reminiscence for when they were more sure, there were better resources, and the good old ... days. (DB090304D76-81)

When asked about TAPEE Category 6.0, Process Management, the Director acknowledged that process management would be a challenge. She said they would just have to grapple with it and recognize that they had to answer the question “why” about certain things they do and certain rules they had that were not written down.

Overall, the Director was looking forward to and was optimistic about going through the process—particularly for the product.

I think sometimes when you do a self-study as a part of a comprehensive program review, you are busy trying politically to put your best foot forward and put the most positive spin on what you do. And your natural enthusiasm for what you do that you feel is good and important comes out. I think the way that this is structured is that we will be trying to step outside of ourselves and look in and a little like a Rubik cube, hold it in different ways or look at it in different lights. (DB090304D10-16)

She hoped that the process would enable staff to talk about why they had units and fellow program areas beyond the professional staff that held positions in them. She also hoped that it would produce information for decision making on many levels from partners to resources. She was looking forward to an integrated process where everyone could play a role.

This will also be a chance to hear both from people who have been working with us a long time, a short time, people who are responsible for carrying out what we think our mission is as well as those who are responsible for setting that in front of us. So, it is exciting for me. (DB090304D22-28)

The Director selected her leadership team to be a combination of “titled” leaders and program coordinators. Leadership of the seven Categories was given to program coordinators who had expressed an interest and willingness to accept that responsibility. The organizational profile was led by an associate director. “Titled” leaders were to serve on the Category teams as regular team members. She did not determine who would lead each Category until after the team orientation with the training facilitator.

When the date for the team orientation was set, the Director was aware that not everyone from the team would be there. It was “... a prime week for vacations and last breaths before the flurry begins” (Department B’s Director, e-mail communication, July 28, 2004). Because of the availability of the training facilitator, the meeting was set with that knowledge. The researcher told the Director that she would “catch up the ones who can’t be there.” That “catch up” did not happen, and four of the Category leads were not able to attend. The researcher would reflect many months later that the lack of preparatory information for those Category leads plagued the process until its end.

The team orientation took place in the Director’s conference room in the department’s new building which they had occupied just two week’s earlier. The agenda for the three-hour orientation was the same as for Department A. The researcher spoke to the Division’s previous experience with CPR and its

overemphasis on description at the expense of evaluation. She explained that the new model was "... more focused, based on a strong and respected model (TAPEE), and would involve less time in the process" (S. Osters, field notes, August 12, 2004, p. 1). Prior to his overview of the TAPEE criteria, the training facilitator emphasized that CPR was an opportunity for organizational learning—to understand the organizational design, the people, and the interaction between the two. "CPR ... is not primarily about each functional area [within the department] but about the departmental umbrella. You wear two hats—one functional, but the more important is your (department) hat" (p. 2).

There were few questions initially as the training facilitator explained the TAPEE Categories. One person questioned if the criteria were based on any values. The training facilitator then explained those values—highlighting customer-driven excellence as the most important. Another staff member then reflected that the researcher's rework of the TAPEE criteria to put it into student affairs language was to focus on student learning and development as the customer-driven focus. "Yes" (S. Osters, field notes, August 12, 2004, p. 3).

During the review of the TAPEE Categories, the training facilitator turned to the upcoming two day self-assessment retreat and the process that would be employed. He explained that participants would generate 40-50% of the input they needed to collect for their self-study. He further explained that it was not an exercise in right or wrong. The criteria had been developed on the basis of high performing organizations. For individual items, they might not be at that level. Essentially they would summarize each Category by identifying their key strengths and opportunities for

improvement. At this point a staff member asked, “[Our department] is driven by its individual functions so how is this going to work?” (S. Osters, field notes, August 12, 2004, p. 3). The training facilitator responded by saying that if there was enough being done by individual functions, they would decide if the department was meeting the spirit and intent of the item.

Perhaps because team members had not been yet assigned to lead a specific Category, there were few questions about the criteria themselves. When the training facilitator turned to a discussion of the scoring guidelines, there was shared laughter when one staff member asked, “Do we have to tell anyone our scores?” (S. Osters, field notes, August 12, 2004. p. 4). The director said, “It could be depressing for a group of competitive people” (p. 4). The training facilitator responded,

We manage from our own expertise. This is based on criteria for high performing organizations. There will be gaps. Initially if you score low, then you use the criteria to improve. Most organizations are not going for the award but for the improvement. (p. 4)

In addition to the problem that four individuals who would eventually lead Category teams were not present for this orientation, one of the recently named associate directors had to leave the orientation early. Two of the staff members who sat next to each other talked repeatedly throughout the presentation—enough so the researcher took note about not only the continuing conversation but their missing what the training facilitator was sharing. The training facilitator addressed the role of the leadership team—the need to be positive about the process, to focus on organizational learning, and to meet often during the process.

It is a tough job. If you approach it with a “woe is me” attitude, it will set a bad stage. The process must be approached intentionally to get the best impact. Be

positive. If titled leadership is sitting on Category teams, they will need to sit on their hands—facilitate don't dominate. Staff needs to see you engaged in the process. Use this as a way to develop your people. (S. Osters, field notes, August 12, 2004, p. 5)

There was an interesting interchange between the Director and the training facilitator concerning his advice in choosing the members of the leadership team who should lead the individual Categories. The training facilitator suggested it be the person who had the content knowledge and the experience to lead. The Director was not shy in challenging this advice. She said that they wanted to strip away the false dichotomy between senior leadership to program coordinators and between leaders and staff. The training facilitator explained that content experts would be more knowledgeable and would spend less time in the effort because of that knowledge. The Director did not want titled leadership to dominate. The training facilitator suggested a compromise where senior leaders would be sponsors on each Category team to provide support for getting the information the team needed and to make contacts as necessary. In other words, they would participate on the team but not be the leader of the team. The compromise was acceptable after what seemed a few slightly tense moments (S. Osters, field notes, August 12, 2004).

The Director brought the session to a close by commenting, "I think it's going to be a great exercise. It's been difficult to articulate what we have been doing. (This will) help us into a great future" (S. Osters, field notes, August 12, 2004, p. 5). As a last discussion with the training facilitator, she mentioned that people would be coming and going at the two day self assessment retreat. The training facilitator

understood but obtained agreement that there would be no cell phones or they would get too far behind.

The two-day self-assessment retreat was not attended by everyone in the department.

The Director had shared with the researcher that she had a number of naysayers and openly negative staff who she feared would subvert the process if they were present. She believed that they would be best incorporated into the process in the future. Although the researcher would encourage her to embrace the all staff participation model, she was genuinely convinced that the best interests of all staff were served in bifurcating the self-assessment retreat and the Category team self study. Two days prior to the two day self-assessment retreat, the Director sent an e-mail to all staff.

For those of you holding open the Department while we work this phase of the Comprehensive Program Review's Self Assessment, thank you! And fear not, you will also have an opportunity to participate. Once we return from this two day retreat there will be 7-8 groups working with the information generated and each of us will serve with one group to provide input, refine the data, and join in the conversation about visioning our future. We could not participate in a two day retreat during opening weeks of classes without your support and teamwork. Thank you again. (Director B, e-mail communication, September 7, 2004)

The self-assessment training retreat was conducted exactly like it has been described for Department A, although Department B's retreat was conducted before Department A's. The process and the agenda for the two days were exactly the same for both departments. The training facilitator encouraged participants to use the information they would develop as a diagnostic tool to understand their organization. He noted that it was "... particularly well timed for us as an institution in change and

accountability being so pervasive” (S. Osters, field notes, September 9, 2004, p. 1).

He acknowledged that the department was divided into six program areas.

At some level they are independent, but they also work as a consolidated entity known as Department B. You must first think of the department as the unit of analysis because you are working for a picture of the department as a whole. Each program area should share initially from your own perspective but then reflect communally and find the consensus “best fit” for the department. (S. Osters, field notes, September 9, 2004, p. 1)

The training facilitator also emphasized that all Categories were interdependent. He asked that as they fleshed out each Category not to think that they were independent because they crossed over and worked with others. The leadership team would be responsible for assuring this integration across all Categories. The researcher noted at this point that the Category leaders were particularly clueless about how this was going to work because the decision about who would lead what Category had not been made until just days before the retreat. They had little time to read their Category or study it well enough to have a good understanding. As an additional challenge, four of them had not been present for the initial orientation of the leadership team (S. Osters, field notes, September 9, 2004).

Despite the apparent confusion, the group broke into their five brainstorming teams and began the day’s first exercise. The researcher noted in her field notes that “they did not stew about questions or the task—they just started working” (S. Osters, field notes, September 9, 2004, p. 3). Each brainstorming session during the two days was filled with questions about the language and what the questions meant. The training facilitator wandered the room and every table had a question. He often became a participant in the brainstorming in order to illuminate and clarify. Staff

recognized how hard it was to be the recorder for each brainstorming session and immediately agreed to rotate the three team roles for each Category.

At each sharing session there were thoughtful and prolific offerings from the floor. Early on they became concerned about the scoring of each item and each Category. “Is it common to have such disparities or ranges of scores within a Category? ... We do good things, but we are not systematic” (S. Osters, field notes, September 9, 2004, p. 3-4). The Director reminded the group that this exercise was not to beat them down but to give them the organizational learning experience so that they could move forward.

Category 2.0, Planning, was very disconcerting to the staff. They had no planning as a department. Responding to the questions was “agonizing” (S. Osters, field notes, September 9, 2004, p. 5.). They continued to feel badly when they didn’t have anything to respond to the item questions, but the training facilitator also reminded them that it was just something for them to improve. One program coordinator thought it gave them better flexibility in not having a departmental plan, but the training facilitator reminded them that the lack of planning promoted random acts of improvement and failed to tap the synergy to achieve their global goals. “In theory, a strategic plan guides what you do daily” (p. 5).

The frustration from many in the group was evident. A program coordinator articulated that ever since they had split apart from the Department of Student Affairs, they had developed themselves as individual program units. The researcher asked them to consider that if they had good work going on at the program level, it could be indicative of what was happening at the departmental level. Another individual asked

the training facilitator, “What would it look like if we had a departmental view?” He responded, “Identify ways to leverage functional areas by more cross functional activity” (S. Osters, field notes, September 9, 2004, p. 5). He encouraged them not to force this issue. He knew it was difficult and saw this difficulty in many organizations with whom he worked. Where it made sense to have cross functional activity or to work together on shared departmental goals, they should do so.

After this discussion, the researcher and training facilitator agreed to talk to the Director at the end of day and see if she wanted to continue to score the items and Categories. They also discussed if the department should be allowed to see themselves through their separate program areas since seeing themselves as a department was so difficult.

The researcher would observe during the first day of the two-day self-assessment that it was difficult to build staff cohesion or shared knowledge because people were coming and going. One staff member arrived mid-morning. One of the newly appointed associate directors had let the Director know at the last minute that she would be late. She arrived at 2 p.m. and left again at 3 p.m. Two other staff left before the end of the day’s activities. At the first morning break, the Director announced that there was a computer lab across the hall available for their use. “The rest of the two days we had to pull people away from the computers in order to start every session” (S. Osters, field notes, September 9, 2004, p. 4). Shared discussions were often plagued by individual conversations going on coincidentally with group conversations throughout the day.

Another interesting conversation occurred during the morning break. Two staff members involved in legal issues and student discipline talked to the training facilitator about their concern with generating this information. They had recently experienced a trial where records were used to discredit a staff member. They believed that documenting the department's strengths and weaknesses or even indicating next steps for improvement were all documents that could be used against them in a court of law. It was obvious that the training facilitator had never been challenged with this issue and was disturbed about the implications. The issue was not resolved, and it was never obvious to the researcher what role the issue played for the department or at least for these two staff members in the self study process (S. Osters, field notes, September 9, 2004).

When the session reconvened after the break, so did the discussion about seeing themselves as program units or as a department. For every person who could see themselves as a department, there was one who could not. One staff member offered his past business experience in a bank where silos predominated. He understood from that experience how difficult it was to accomplish a mission in that fashion or as effectively. Another individual noted that the University could not function if every unit operated autonomously (S. Osters, field notes, September 9, 2004).

As the staff worked through Category 3.0, Student Focus, they struggled with their scoring. It seemed to the researcher that some were caught up in the down side of every item and others who did not like working on a departmental perspective were digging in their heels. It became difficult to find a consensus on the score. The training facilitator continued to provide calm.

We know you react well but that you have no systems in place. Do not beat yourselves up. Are you sensitive to the topic that the questions address? Yes. Are you responsive to the topic that the questions address? Yes. Do you have systematic proof? No. (S. Osters field notes, September 9, 2004, p. 6)

At the end of the first day, the training facilitator asked for the pluses of the day and how they wished to improve in the second day. Pluses were that they had begun to understand what they were doing; it was interactive; each team was cross functional and they were working together in that fashion; they were finally addressing some of their issues after three years—“getting to the tunnel and on the tracks”; they were glad to see that they were not alone in their frustrations and in their commonalities; they liked the location and appreciated the facilitator for keeping the process moving. In the next day they hoped that one of their team leaders was not ill; that they could stay focused; and that they needed to have a better understanding of when they were talking about the department and when they were talking about a program area (S. Osters, field notes, September 9, 2004).

After the team left, the researcher, facilitator, Director and Associate Director discussed the day. It was clear to the Director how hard the exercise had been for a department that prided itself on how well it did. She believed that the scoring continued to feel like they were being graded. The training facilitator said that they had been more conservative with their scoring than any organization he had worked with previously—that they probably would score higher. The training facilitator noted that even great companies have “NI” or needs improvement within items in Categories. He also noted that the point of the exercise was not if they should be together as a department but to raise the conversation to a level where commonalities

were addressed. Both the Director and Associate Director reflected on the inordinate amount of change the department had experienced. They knew that the Associate Vice President's message was that doing a good job was not a matter of who they reported to.

The training facilitator asked if they wanted to continue to score themselves if the exercise was so depressing or divisive. They decided to continue. The Director said that it was important for them to know how they fit together the best.

The second day of the self-assessment retreat began with the training facilitator acknowledging the challenges from the day before. He said that they did have common objectives—student learning, support, development, and leadership even though they had six different programmatic areas.

This is not about are we separate or the same. What do we have in common? It's not to force all six program areas into one unit but to discover the commonalities and then determine how to support each other and create synergy. What is appropriate to focus on at the departmental level? Look at your respective programs and how they are represented at the macro level. (S. Osters, field notes, September 10, 2004, p. 1)

Several staff added positive comments. One noted that they had probably scored themselves too low the day before—forgetting that they were a whole unit. “What frustrated me yesterday was that (my program area) has a strategic plan, and I couldn't contribute that to the conversation” (S. Osters, field notes, September 10, 2004, p. 10). The training facilitator apologized for anything that wasn't clear the day before and emphasized again that they were to get the sense of what program area contributions equaled the reflection of the whole department.

In a private conversation, the training facilitator cautioned the researcher on her continuing role with the department. He said that since they were so new into change, it would take more than this self study to settle in. As she observed the team meetings, he advised her to be much more the observer than the expert in order to let them find their own way. He had considered not brainstorming Category 7.0, Results, so as not to end on a downer in the second day, but after reflection he realized how new they all were to the TAPEE concepts and from that standpoint, they had done very well.

Category 6.0, Process, was a difficult challenge to brainstorm and to share. One staff member thought the discussion was telling. “We have all these well-defined processes but not based on student needs” (S. Osters, field notes, September 10, 2004, p. 2). Most just thought, however, that the questions were difficult to understand and struggled to know how to respond.

Generally the second day was much more positive than the first. When the final composite scoring was completed, the training facilitator said that they had been very hard on themselves and done a very credible job in being realistic. He said that the TAPEE level two self-assessment was never for an award or were the results published. It was strictly for organizational learning. Part of the score is reflective of the maturity of the organization as it has improved and assessed itself against the criteria. This was the first time that Department B had assessed itself against the criteria.

You discovered a lack of systems and processes because you are relying a good deal on individual effort. Are there systems and process to better define and

implement that allow you to spend your time more productively? (S. Osters, field notes, September 10, 2004)

Department B's leadership team would meet six more times during the course of the fall semester. The first meeting was two weeks after the self-study retreat. The meetings took place in a large activity room in the department's new building. The first meeting was a follow up meeting with the training facilitator. The Director had prepared a time line that she distributed. One staff member was leaving the institution, so they had a need for an editor. Conversation flowed about meeting with their individual Category teams although only two had met. Category 4.0, Measurement, Analysis and Knowledge Management, determined that the results of the two-day self-assessment retreat had not "been on point," so they were going back and coming up with their own answers.

The training facilitator asked for reflections, reactions, and questions about the two day self-assessment retreat. Comments included that it went quickly and was not as exhausting as anticipated; the questions were "tough to understand"; that it seemed like a "safe place because it would not have come out that way in a departmental meeting"; that it was good to have the opportunity to look at themselves "Gestalt style" or as a mediation when everyone is allowed to talk; that it was great to have a plan; and that after typing up all the notes, there were "a lot of common themes—a lot of positives." One Category team leader was concerned about the scoring and emphasized that this exercise was for internal use and not to be compared against Department A.

The training facilitator recognized their effort and the fact that they all pitched right in. He emphasized again that the whole exercise was about organizational learning, understanding where they wanted to be, and identifying their strengths and opportunities for improvement for development of strategic and action plans. He asked them to be sensitive not to fall into the trap of Category silos and to recognize their interdependency.

Based on your most important key business factors [student learning and development], Category 3.0 you identify your customer requirements. Are they evident in your planning (Category 2.0)? Does leadership support them (Category 1.0)? Do you have the data to support (Category 4.0)? Does staff have the training to meet the requirements (Category 5.0)? Do you have the processes to meet the needs (Category 6.0)? What are the results (Category 7.0)? (S. Osters, field notes, September 23, 2004, p. 7)

He continued to say that they were to take a systemic look at their major goals and objectives as a department. “Since you are six programs, you also may want to deal with some of those specifically, but not all will be addressed” (S. Osters, field notes, September 23, 2004, p. 7). Preparing the organizational profile and determine the key business factors [student learning and development factors] from customer needs needed to be done quickly for all to use. He encouraged them to be liaisons with the Category teams in a mutual exchange from one to the other and back. He also emphasized again, “If in responding to the questions, it doesn’t get at what you find meaningful, change it to work for you. You have that freedom. Organizational needs drive the criteria, not vice versa” (p. 8).

Six individuals were absent from the second team meeting to include four of the Category team leaders. If they were absent, however, they had another to offer their reports. The meeting was mostly “show and tell” with each Category reporting on

their progress to date. One Category team had not met because the team leader was struggling with how to proceed. She had taken the initiative to go to the Baldrige website and try to understand the essence of the Process Category. The major topic of discussion concerned the difficulty of getting other staff members to attend the Category meetings. Some people were concerned about the time commitment. Others were uncommitted to the process, purpose or outcomes because they had not been involved in the two day self-assessment retreat. The Director pressed the issue as she asked them if they were getting the cooperation they needed. It surprised some that their own staff members were not participating. A good deal of conversation ensued about the issues involved—the need to have everyone’s voice heard regardless of the apprehension of not being involved from the beginning; “it’s hard stuff and hard to get your hands around”; they hadn’t done a good job themselves with encouraging their own staff to participate in the Category teams; and they covered all of this at their department meeting but still “some of our members aren’t coming along” (S. Osters, field notes, October 7, 2004). One Category leader summed it up:

Number one, there is a lack of priority for the task. Number two, they don’t have experience with quality management so this seems like a daunting task. My suggestions are that all managers be given a list of Category team members and then as supervisors they can support the importance of comprehensive program review. Two, some of us are more confident with continuous improvement language and would be willing to act as consultants for others. Three, you have to read the description of the Category in the manual. You can’t just read and respond to the questions. (S. Osters, field notes, October 7, 2004, p. 10)

Discussion continued with participants telling the researcher that the Category leads needed more knowledge before the process was underway. They also recognized that four of them were not present for the three hour orientation in August. The

Director also acknowledged that it was time for them to stop asking the researcher and training facilitator for advice and to develop their own understanding (S. Osters, field notes, September 23, 2004).

When the meeting was over and everyone left, the Director and researcher continued the conversation. It was a constant battle for her with any number of staff who tested her leadership and each other. The reality, she said, was “that our core value of the “individual” has come to mean “me” not concern for the individual in search of the common good” (S. Osters, field notes, September 23, 2004). The researcher would write in her reflexive journal:

I empathize with [the Director's] dilemmas with her department. The department is extremely fractionalized/splintered/distrustful. They seem to be perfectly happy to be independent of one another. They are generally not invested in the department but content to be under that banner as long as no one messes with their program area.... The Director cannot even count on one of her associate directors to be committed and on the same team. She is very open, affirming and in control of these meetings. She needs to take direction or there would be none. (October 7, 2004, p. 5)

In her reflexive journal of the same date, the researcher also began to see patterns developing that were common to both departments and would help her shape the future of this program with other departments. The two-day self-assessment retreat must involve everyone, and Directors need to trust that a trained facilitator and the researcher can handle the most cynical and distrusting of staff. It is critical that the leadership team be named in advance of the self-assessment retreat, that they know their Categories, that they read the manual, and that they be present at the orientation meeting. Perhaps more training is needed for the leadership team beyond a three-hour orientation meeting.

The next leadership team meeting was two weeks later. Only three team members were not present. There was laughter shared throughout. The researcher's field notes of October 21 read:

This meeting had a much better "team" feeling than others. They are still plagued with the lack of willing participants—also within the leadership team. Since one of those is the associate director, it is very difficult" (p. 6). The Director was clear that they wanted to combat secretness or "never being asked to participate" or the "no one wants to listen" problems (p. 12).

The Category 4.0 team leader was a tremendous help at this and other meetings. He had worked in a quality environment before and understood improvement processes and affirmed that it was difficult. He had "a way of being supportive from a very pragmatic and practical standpoint" (S. Osters, reflexive journal, October 21, 2004, p. 6). Commenting on the continuing problem of staff participation, he said,

They don't see the benefit of the process. They are still in a crisis of their own. We have not been successful in communicating that this process will mean less crisis—to work smarter and more efficiently (S. Osters, field notes, October 7, 2004, p. 12).

Even with his insight, the researcher was amazed at how little the leadership team talked about the product or outcome of the self-study or asked each other coordinating questions or shared mutually benefiting ideas. It was mostly about staff buy-in or lack thereof, especially with their associate staff.

The first meeting in November was well attended, and all Category leaders were present. The Director welcomed them to the first November meeting which she acknowledged was both exciting and scary. The purpose of the meeting was "... to share Category team updates, grapple with any issues, and find out how interdependent we are or need to be" (S. Osters, field notes, November 4, 2004, p.

13). Most Categories were fully into writing and one of them had posted and another would post their drafts to the shared website within a day. Two Categories also were waiting on necessary information from different programmatic areas. For the first time the team became curious about the site review team process—when it would be and what it would be like. The researcher said she would have more information for them after Thanksgiving.

When the leadership team met two weeks later, four Category teams had finished their work. It was at this meeting that the researcher realized that they had never revisited their organizational profile as planned and still had not articulated their key student learning and development factors—the organizing center of the study. The researcher followed up on this concern with an e-mail with the Director and the associate director who wrote the organizational profile. She described the need for the articulation of these factors and asked for an opportunity to meet with them. No one responded to the e-mail but two weeks later, she was asked to attend a meeting on the subject that afternoon.

The November 30, 2004, meeting took 10 minutes. The Director and both Associate Directors were there when the meeting began. The Associate Director who wrote the organizational profile left as the meeting began because of an emergency. The Director did all the talking and the other Associate Director, whose involvement with the process had been sporadic, said nothing. The Director said that they were organizing around the three principles identified in Category 6.0—advising, programming and administration, which they felt mirrored their mission. The researcher suggested that service was one of their missions, and that she didn't see

that being reflected or didn't understand how administration was a key requirement of their clients. The director wanted these decisions to "bubble up rather than be top down so they would take care of this in the editing process—perhaps some reworking by the Category teams as themselves" (S. Osters, field notes, p. 16).

The next day the last leadership team meeting of the semester was conducted. It took exactly 35 minutes. All Category leads were in attendance. "This was a lighter spirit and happier group than normal. I think it has to do with seeing the end to most of this..." (S. Osters, reflexive journal, December 1, 2004, p. 9). The Director opened the meeting with the following:

We've been having conversations about the seven Categories bubbling up and then getting them to coordinate. We need to find themes—to go back to the organizational profile—so we're all talking about the same thing. Some level of serendipity exists because they [the Categories] seem to be hanging together around the three missions of education, outreach, and service. (S. Osters, field notes, December 1, 2004, p. 16)

There was much discussion about a date for the site review visit and university faculty, staff and students to serve on the team.

Department B began their involvement with the TAPEE as a framework for a comprehensive program review with a lack of engagement and with less than full participation in the training needed to begin developing a good understanding of the criteria. Hampered by years of constant structural and leadership changes, the department functioned as separate programmatic units under one departmental name. Despite this setting the department embraced or exemplified some of the TAPEE Core Values and Concepts although perhaps not seeing them from the departmental, system perspective.

Clearly there was no system or departmental perspective. Historically, this lack was nurtured through separate physical locations. After two years in a temporary and less-than-ideal physical setting, they found themselves in one facility but as independent as if they were still in separate locations. Beginning with the orientation session through the two-day self-assessment and each subsequent leadership team meeting, members struggled to take or see a “helicopter” view of themselves. The Director hoped that the CPR process based on the TAPEE would focus a unifying view and at the end of the two day self-assessment retreat several staff echoed the same hope and promise. In addition to the lack of a systems perspective, there was no planning and no focus on the future. There had been no stable leadership for over four years and, at least from the staff perspective, no inspiration or motivation.

All functional areas could see themselves and the department to be about student centered-learning and development. Their organizing principles of education, outreach and service were all student centered. Staff could clearly see that the department had a staff focus and their scoring of Category 5.0 reflected that as well. The Director had specifically developed the self-study team around the concept of shared leadership and empowerment of others beyond titled leadership. Although organizational learning was absent from the department, personal learning was part of the department’s core values and was evidenced by continuing educational pursuit and several staff achievements recognized by regional or national organizations.

Three of the five program areas dealt directly with social responsibility to the local community but staff did not see that as a unifying theme of the department and

did not address it in any conversations observed by the researcher or in their final self study document.

Management by fact was evident in several program areas which had strong assessment programs, and the Director strongly desired the outcome of CPR to focus and develop a departmental assessment cycle.

Researcher

The researcher in this study was a 10-year staff member in the Division of Student Affairs at the same institution as the participants in the study. She was director of the department that was responsible for providing leadership and support of assessment in the division which included the CPR process. She had developed the first cycle of program review, trained each departmental self-study team, helped coordinate the site review team process, and assessed and evaluated each department's experience with the self study and site review team processes. The second cycle of CPR based on the MBNQA and TAPEE was her development as well and would have been implemented regardless of the opportunity to use the pilot as her dissertation.

Jones (2002) discussed the care that must be taken with some of the complex dynamics that emerge with qualitative methodologies—particularly for student affairs practitioners conducting “backyard research” (p. 464). Jones was concerned about three features of qualitative research that could be compromised in studies conducted in the researcher's backyard. First, prolonged engagement as described by Lincoln and Guba (1985) was in jeopardy if perceived to be one focus group or through one interview. “Although the researcher may be engaged in the setting as an employee,

the research context of prolonged engagement alter the way in which one acts in the setting. Further, the trust that is cultivated through prolonged engagement takes time” (Jones, 2002, p. 464). In this study the researcher spent 12 months of engagement with the participants through 22 observations and 33 interviews.

Jones’ (2002) second concern with backyard researchers was sampling decisions based entirely on convenience because of easy access rather than sound methodological strategies. The choice of the two departments in this study was a convenience sample. Both departments were poised for their second cycle of CPR. The decision also was based on the benefits of two case studies with organizational variation that could lead to better understanding of the use of the TAPEE for student affairs departments. As Merriam (1998) suggested, the case study is particularly suitable if the researcher is interested in process and for providing immediate formative feedback. “... A case study might be selected for its very uniqueness for what it can reveal about a phenomenon, knowledge we would not otherwise have access to” (p. 33).

Merriam (1998) also indicated that the use of more than one case and the greater the variation across the cases, “... more compelling an interpretation is likely to be” (p. 40). The researcher would reflect on more than one occasion throughout this study:

Maybe it was difficult to be a researcher in your own backyard, but if it had not been for the qualitative dissertation—the observations and the interviews—would I ever be able to do a good job with this program in my role as leading CPR in the division? (S. Osters, field notes, September 17, 2004)

For the researcher, sustained engagement with the participants as a researcher allowed her to understand what it meant for the participants to be in this setting, what it was like to be doing this work, what meanings they derived from it, and what their work life was like during the process. She did not see how that richness would have occurred in the singular role as practitioner.

Jones (2002) admonitions, however, were correct concerning the selection of Department B as a convenience sample. The researcher had been present for and observed all of Department B's organizational and staff changes. Program areas were led by experienced professionals providing critical services for the University and for students. The AVP to whom the department reported was positive about the self-study and its potential for the department and its staff. The Director, despite greater reservations than the AVP, also was optimistic about the department's participation. The researcher, however, was unaware of the magnitude of the department's internal turmoil.

It was on September 3 upon completion of the interview with both Directors and the three individuals in the Vice President's Office that the researcher realized that the design of the study and the assumptions on which it was based were already changing.

Emergent design is one thing but additional variables are another. What started with two different departments to compare based on primary mission has become quite a different thing. Based on my interviews to date, Department A is facilities and program based. Its leadership is stable. It has a mission and long running planning process. Department B is program based; has not revisited its mission for several years; leadership is new and not sure of responsibilities or expectations; and it does not have a sense of itself beyond the separate functional areas that are its parts. The former department is stable and prides itself on continuous

improvement; the latter department is evolving but cannot see its future. (S. Osters, reflexive journal, September 3, 2004)

At the completion of Department B's self-study and post-interviews with the Director, two Associate Directors, seven Category leaders, an editor and one professional staff floater, with the exception of two individuals, all other persons spoke to chronic changes in the department's structure and leadership as a problem. In more than half of the interviews, it was difficult for the respondent to concentrate on the question being posed without reference to the department's changes.

Jones' (2002) third concern for backyard qualitative researchers had to do with the natural and often unexamined role conflicts for the researcher.

Last, the interpretive lens of researchers in their own natural settings is shaped by personal experiences and assumptions brought to the research process. The perceived insider status of the researcher creates the potential for role conflict as well as the ethical considerations of either learning information that affects the work setting or not eliciting important data because of the dual role the researcher-practitioner carries in this context. (p. 464)

As her role shifted from observer to participant, the researcher's reflexive journal confirmed Jones' (2002) observations.

It is very difficult to interview people I have known for a long time and with whom I have shared much along this journey. I am so much a part of assessment and planning in the Division over the last ten years that I have to be very circumspect about interviewing rather than having a discussion. (August, 25, 2004, p. 1)

Another example of this role conflict came as the observation portion of the study neared its end. The researcher was concerned about both departments' failure to identify their key student learning and development factors as the organizing principles upon which the rest of the Categories would align. After a meeting with Department B's Director, she wrote:

Once the Director tells you that she feels they will be on track—just be challenged a bit with the editing—I’m not sure where to go from here. Again, if I were functioning only as the Division’s leadership on this initiative, I might be more directive. Because I am observing for my dissertation, I don’t feel as comfortable pushing the issue. (S. Osters, reflexive journal, November 30, 2004, p. 8)

Even during the post interviews upon completion of the self-studies, the researcher would continue to struggle with role conflict. “Confusion over the expectation that I would be their team leader runs through this interview ... wanting an “expert” to be there throughout the process” (S. Osters, reflexive journal, March 30, 2005, p 11).

I talk too much during these interviews. A good part of this interview was my reflection on various issues—all of which can be in a reflective journal but don’t have a role in an interview situation. The beauty of emergent design is not about the researcher but about the respondents and where they take the study! I don’t learn this lesson well. (S. Osters, reflexive journal, March 31, 2005, p. 13)

Magolda and Weems’ (2002) article on doing harm as an unintended consequence of qualitative inquiry also had relevance for this study. The authors pointed out that participants don’t always realize the potential harm to themselves, especially when the consent form was signed in orientation settings, as was the case in this study. Participants can give permission to use observations or interviews and not realize how they may be perceived as a result. This is particularly challenging when it is difficult to disguise individual identities from insiders. Additionally, there is the potential for harmful consequences to the researcher that come from potential compromises and sacrifices.

Magolda and Weems (2002) concluded that qualitative research was a political act that had consequences. They asked the researcher to consider a series of questions during the conducting and concluding of the research study: What could the

researcher bear to sleep with at night? How would the inclusion of particular data affect the community or individual under study? How could certain representations facilitate, enhance, or jeopardize the researcher's own legitimacy? Magolda and Weems concluded that "... qualitative research involves ethical and political dilemmas precisely because it involves interactions between persons who are situated within power relations that occur in everyday life" (p. 503).

The realities as described by Magolda and Weems (2002) were ever present for the researcher during the observations and the interviews but most specifically in the writing of the report. Her role as backyard researcher as described by Jones (2002) only exacerbated the dilemma. Magolda and Weems pointed out, however, that the research story ultimately belongs to the researcher.

However, reflective thinking and writing does not absolve the researcher from taking a stand and offering an interpretive analysis of the topic under investigation. In taking a stand, the researcher, however, is necessarily going to align himself or herself with certain interpretations and worldviews (expressed by participants) and potentially alienate others. (p. 504)

As suggested by Magolda and Weems (2002), the researcher attempted to minimize the negative potential of these challenges through thick description, member checks of each interview, a respondent check of the developing themes, triangulation of the data between departments and the literature, reflexive journaling, and an indispensable peer debriefer.

The researcher made a decision late in the self study process that did not affect the self-study process for either department and was not part of this study, but it did reflect on the use of the MBNQA or TAPEE as a model for CPR. In December of 2004 the researcher's supervisor questioned why Department B would pursue a site

review in the spring when they did not have all the quality processes or products in place. “Why not give them a year off to plan, reassess and then have a site review? Why not give them more time for organizational development and getting their processes where they want them to be?” (S. Osters, reflexive journal, December 3, 2004, p. 9). After some thought, the researcher believed that this was not only reasonable but consistent with the TAPEE process. Organizations had many levels of self-assessment they could employ with the TAPEE, and only one of them involved actually applying for the award and potentially generating a site visit. In February of 2005 Department B’s Director was offered and accepted this opportunity to defer a site review.

Findings

Research Question 1

Research Question One asked if the use of a comprehensive program review based on the TAPEE Criteria was an effective and relevant process for diverse departmental missions in a Division of Student Affairs at a research extensive university. Data analysis was from interviews of the individuals in each departmental self study leadership team upon completion of the self study process. Twelve team members from Department A were interviewed and 11 from Department B.

Three major themes emerged from the analysis: effectiveness due to the maturity of the organization; the fitness or relevancy of the TAPEE as a CPR process for a student affairs department; and the fitness of the actual process used for the self-assessment. Each theme had sub-themes, and they are developed in the discussion of

each major theme. Although each theme was distinct from one another, there was a great deal of overlap at the margins leading the researcher to conclude that the maturity of the organization affected the perceptions of fitness of the TAPEE and the self-assessment process. The self-assessment process also influenced perceptions of the fitness of the TAPEE.

Maturity of the organization. Department A had a history as a department since 1979. Its Director had led the organization for 31 years, and it had never lost a programmatic unit—only gained additional. Department B became a departmental entity in 1995 and had three Directors since its inception. It lost and gained several programmatic units during its short history. From this historical view, the departments were at different ends of the spectrum in maturity of the department and its leadership.

Howard (1996) was very firm about the limited usefulness of TQM in dysfunctional units. The training facilitator had cautioned the Office of the Vice President and the individual Directors in July of 2004 that the process was not for a dysfunctional organization but for a stable, improving one. Perhaps no one understood exactly how fragmented Department B had become in terms of its ability to function as a department at the inception of the CPR process.

Although Department A had recently lost a senior associate director to promotion within the Division, there was only one reference to the impact of his leaving on the self-study process during the interviews with staff members. The department had shifted responsibilities and gone forward. In the researcher's interviews with the 11

members of Department B, all spoke to the constant change and instability in their environment. Following are comments typical of the many:

... And then, I think for [Department B], you add an extra obstacle in that we have had a lot of change, and I do not like to use that as a crutch, but we are very unique, independent entities that in a lot of ways function on our own accord. We just happen to be under this umbrella. (DB051805CF49-52)

...I understand why you started with us because of the cycle that we have all been on, but we probably were not the best department to start with.... Well, we went through, what, four of five assistant/associate director changes within the last two years? So ... when you have that kind of chaos at the leadership, it is harder... (DB051605C661-63; 72-74)

... Then October [during the self study process] comes around, and we realize that our department is going through many more major transitions, and so it was just one little thing after another that just kept taking the wind out of our sails.... We have got this document [the self study report] ... it does not even reflect who we are anymore, and so it is cumbersome. So, we were maybe not the best, you know, group at the right time. (DB051105E70-79)

... I mean the big thing for our department, and I hate to say it because I feel like I am bashing the department, but I just did not feel like there was ownership in the product not just the exercise of doing it and I think that is where you need to be. And honestly, we found out in December that we were going to be our own department, and for me the ownership just went flat. At that point we were not done with our Category yet, and it was not like I did not want to finish, but my ownership was gone. Once that was gone, it was really hard to say, "Ok, let's finish this, and let's get it done." (DB051605C7351-357)

I think that was a down fall where this process fell on the organization's history where there was nothing but transitioning going on ...we might have wanted to pull the chains at that point and stopped and said, "Let's wait a year. Let's see where things shift out and then move forward." (DB051805C2122-124; 131-133)

That is what I see a lot of us doing, is surviving. We are sitting there going, "Ok, well we may have changed leaders, but we are still providing the best programs, the best we possibly can." Because to us, at least I know from my colleagues and my immediate people that I work with in my office, we are here to do something not for the administration, not just the university, but students, and that is our first priority, and it is always going to be, otherwise, we would not be here. (DB051805C3379-385)

Yeah, and I think that people were using that as an excuse. And I still remember (Category Leader) saying, “It does not matter that we have new leadership. It does not matter that we do not have a clearer vision. That is the kind of information that we need to put into the CPR, and if that is an area that we need to work on, then so be it.” But there were people using that as an excuse for “How are we doing to do the CPR process when ... we are still in a transition? We have just moved to (this new facility). We are not sure if the (former director, now AVP) is leading us or (new director) is leading us.” And I think that (Category leader) was right. It does not matter. We have got to start someplace. (DB051005CO94-100)

Another aspect of the constancy of change in Department B but a separate challenge was the perceived lack of a departmental identity. Staff members described themselves as members of their programmatic units, acknowledged collaborations among units, but felt that there were few reasons they were together—or few reasons that they should be together under one departmental umbrella. Following are comments that typify these perspectives:

We are all doing different programmatic [sic] and different functions. We can have kind of an artificial designation or division between those offices that are process driven and those offices that are programmatically driven. So that may be one area that is ... you know, that gives us some utility. The other thing in terms of having a sense of departmental identity and those kinds of things ... members of the department have consistently remarked that this is an issue. “We need a departmental identity. We do not feel like we have a direction. We are just kind of in our silos, and we are doing our thing.” And nothing has been done about that, and I do not know why. I was hoping maybe that this whole process would do that.... (DB051205C4128-134; 140-144)

... And honestly I think that we could probably do these instruments out of the offices. Asking us to do it as a department is a lot more difficult, because we do not have department-wide functions. We do not operate as a department. (DB051505C6215-217)

... If you want to make a real broad general goal, (Department B) is all working toward one goal, but it would almost be so broad that it does not have meaning anymore, you know. We are working toward student development and learning, you know, because you almost have to get to that level when you get to a department like (Department B). (DB051505C7191-196)

... We all have to fall into that general mission, but that does not mean that we are all that alike. Our calendars, our cycles, our needs, our ups and downs all varies [sic], but we are all within that mission. We can fit into there, but truthfully, we could probably have other people fit in there, because they have, right? And so then what does (the Director) or the department really do for us? Get us money, get us IT, get us space ... because just as easily as (a former program unit) was at one point, (it) is justified not to be (part of the department); just as (another former program unit) was, it isn't; (and another former program unit) is, it isn't. So when we look at it that way, anyone of us could be taken out. There is no reason for anyone of us stay or leave or anybody else not to come in... (DB051905AD142-147; 93-98)

I know that I look back, and just with what I know for history, it is really more administrative reporting as opposed to taking on a common mission. So you know, we have a departmental mission ... it is so general that I am not sure it would really matter if (another programmatic unit) fell underneath it or not. (DB050905C5264-267)

I think that for our department, we are such a strange grouping that it made it hard for us, but I think that we spent a lot of time not accomplishing what other groups could do, because we're spinning our wheels saying, "Well, if you are telling us departmental, we do not have any of that, but if you are telling us to talk office structure, our offices leap and bound, but everyone does it differently." So I think that we ended up spending more time trying to determine what can we get away with in breaking it down into the office structure versus staying at the global departmental... (DB051805F14-21)

Although Seymour (1995) discovered in his study that one of the "winning concepts" or positives of using the Baldrige criteria was the big picture that is produced and the benefits that accrued from thinking more holistically and from seeing how "... discrete parts connect with one another" (p. 31), that was not the case for Department B. The training facilitator also had encouraged them not to force the issue but to identify cross functional themes from among programmatic units that could represent the whole department (S. Osters, field notes, September 9, 2004, p. 5). Several members of the department had hoped that the use of the Baldrige would

promote thinking in whole not parts and in systems not functions, but it was an insurmountable task.

Another sub-theme surrounding the organization, regardless of maturity level, that affected both Department A and B concerned the levels of commitment and buy in from staff members. Members of both departments articulated that the two day self-assessment retreat created a sense of buy in or belonging from the staff that attended. That was evidenced by the discussion at the end of each department's two day self-assessment retreat where both departments appreciated the honest discussions and the sharing across programmatic units.

From Department A the following was expressed:

I think that it (the two day self-assessment retreat) gave everyone an input that they belong and that they had a say in it, especially when we got into little groups and you got to answer each little question. (DA032805C644-648)

After the two-day self-assessment retreat the commitment or buy in of staff or the lack thereof became more evident. In interviews with staff of Department B, the lack of buy-in from associate staff was a pervasive issue. Interview respondents conjectured that associate staff felt less adequately prepared to answer the questions and contribute to writing on the document as professional staff. The following interviews were indicative of the issue:

The other part of our problem was just the paradigm that we have between officers and enlisted, between professional and associate staff, and I do not know how to overcome that. (DB051205C494-496)

Now, I will say that the combination of associate staff and professional staff together, while it was great on (the) one (hand) and I think that it was problematic on the other ... but as I looked around the room I felt like there were some associate staff who were just glazed over, and you know, "What is this really? What is the purpose of this?".... As much as you need to include them, maybe

that was not a good idea for this particular process, instrument, you know, whatever. If we wanted their input it might have needed to be more directive in terms of specific questions, but the whole sitting down kind of thing, I just did not see them catching on to that. (DB051005CO24-34)

My team, in particular, and I do not want to sound mean or anything, but a lot of the associate staff members did not want to contribute, nor did they want to be there. They did not show up for meetings. I do not feel like they were invested enough. They just did not get it, or they were just really busy... (DB051805C384-388)

In both departments staff commitment or ownership of the process or the lack of it was an issue generally. Some staff were willing participants and contributors and others were not. The problem was most apparent in the individual category teams where it was easier to participate sparingly or not at all.

From Department A:

... I mean any time you add something big and stuff like that, I think that some sections of the people are going to be unhappy, and some sections of the people, if they are allowed to, are going to play along as little as they can. (DA032805C5321-324)

I think there was [*sic*] one or two other groups that were affected a little bit more strongly, but there would be people who you would send out invitations for these meetings, and there was one person who we never saw in ours, and that is ok. That is fine. (DA032805C6244-246)

... A person that has even been on our staff for four months, "I would love to help, but I do not know anything about this." And you know, that is fine.... I used to have a good committee, and then it got changed, and I had no one. I will not say no one, but no one real interested ... although I would have gotten to know (another program area) people a little better, but they just, I had three from (that area), and ... part of it was (not) getting buy-in. (DA033005C3171-176)

... But then again other members who were professional staff ... did not get into it as much, just not with the level of investment that (the associate staff member) brought to it which was outstanding compared to some of those others in our group who were professionals. And those professionals probably knew more about some of those processes that we were doing, but (the associate staff member) was willing to learn it. (DA032805C6212-217)

From Department B:

You certainly have to pick people very carefully, and I think that some of the people in our group were not invested from day one. They were just coming, because their manager told them to come, and they did not want to be there. That is a problem. You should not include anybody that does not want to be there, because that is going to hinder your process, and sure enough that is what happened. That is why we are still however many months out when we had a December deadline for finishing all of this. (DB051205C496-101)

What happened was that we broke up into sections, which I think is great, because we do need to make that a little smaller. So, that was a great idea in theory, but with the small groups, I think that there were some members that were not invested for some reason. (DB051805C382-384)

Right, well we had people who went to the two day who tried to bail out on it. So we just had buy in problems. (DB051805CF150-151)

I mean a lot of them were like, "I have too many other things to do." They have ownership for their office, but they do not have ownership for their department. (DB05105C7251-253)

... I do not think that people were really invested in the outcome and "Let's learn about this." They were saying, "this is an exercise that we have to do." (DB051505C7156-164)

Three respondents, two from Department A and one from Department B, mentioned that there was not buy-in for CPR as a process regardless of the method used. They believed that some people didn't like the concept the first time around and didn't like being "guinea pigs" again for the second phase of it. Others were new to the concept of CPR and had no context or background to understand it.

The fitness or relevancy of the TAPEE as a CPR process for student affairs departments. Staff from both departments spoke strongly about the issues that made the use of the TAPEE difficult. They addressed the language of the criteria, the understanding of quality principles in general and the TAPEE criteria specifically, the

concept of key student learning and development factors in the Organizational Profile, the focus on the whole department and not its individual parts, and the overall fit of the TAPEE for student affairs. Conspicuous by its absence was any problem with seeing the student as client or customer.

The language of the MBNQA or TAPEE has been a historical problem for higher education. Despite the researcher's attempt to use student affairs friendly language and illustrate with student affairs examples in the self study manual, both departments expressed the frustrations found in the literature. Freed and Klugman (1997) suggested that the business-oriented language of continuous improvement had been one of the biggest barriers to its use in higher education. Seymour (1995) noted that in his study many AQC participants spoke about the time they spent talking about what the Criteria meant. And in 2003 Booz Allen Hamilton, Inc., asserted that even the leaders most involved and familiar with the Baldrige Program, to include Award recipients, identified lack of familiarity with and difficulty in grasping the language and concepts described by the criteria.

When respondents in this study were asked their opinion of the TAPEE, 16 of 23 spoke to the problem of "the questions" or the language of the self-assessment tool. Words and phrases that repeated included "ambiguous," "multiple interpretations of what was being asked," "not the internal dialogue of our department," "question redundancy," "how the questions were worded," and "use of sentence stems rather than "how" or "what" questions was difficult," Following are examples from both departments that typify the problems and the confusion that resulted.

Department A:

I think that we had some difficulty understanding some of the questions. So, I do not know if there is a way to go through and make some of those a little bit more clear. And I wish that I could remember some of the ones, but I remember suffering sometimes at our discussions. It was kind of like, “Well, I think it is this. So we will try this.” And (the training facilitator) would say, “No, that is not really what we are after here” ... but I know sometimes we had a group of people sitting around going, “Gosh! I am not sure what to do.” (DA032805C579-585)

... The questions, they need to be clarified much better because they are ambiguous at best. I mean, when you have such a wide spectrum of material that you are trying to gather, you cannot have very specific kinds of questions, but at the same time ... there is probably ... 10 different interpretations of what the question was asking. I think that was the most frustrating part about the assessment itself. The question would be posed, and you would get five different responses, but they are all from different bases, and that was—and I am still trying to figure out what the basis was myself—and you do not want to exclude people or anything like that. So, definitely, having a better understanding of the questions themselves would have helped out quite a bit... (DA032805C680-692)

I do not know if it is because of how we work as a part of student affairs, if it was necessarily our problem with that language.... I am not as familiar with the internal language of many other departments.... I think that it is going to vary depending on the internal dialogue and how that particular department interrelates with each other and how they communicate to their stakeholders ... and some of the redundancies in some of the questions. We felt like we spent more time trying to dissect the questions so that we understood them than we actually did addressing them. And so that was a little bit problematic for us... (DA033105C4123-128;132-134)

From Department B:

... And you did a really good job of trying to alter the questions to where they made sense, but somehow the translation never made sense when we were sitting down.... I pulled together various people’s pieces and listened to the conversations a lot ... and I could just tell that people were not getting it. They were not there, and even the few that were, they could not get the others to get there with them. So, it was a very hard process. (DB051105E29-36)

I will say that the language is something that we struggled with immensely.... I have my Ph.D., but I am a very concrete thinker, and I would say, “(Category team leader) is way up here, and I am way down here, which is fine. We are just different people.” I actually did better when I just pulled out those questions that were not rewritten for student affairs—when I said, “Ok, here are the questions, basic, one sentence”.... I was really much better off having you say, “How do you...?” or “What do you...” (DB051605C7305-309; 317)

Yeah, I think just really sitting down and knowing what the questions were asking. I think that was—and I know that you do not want to give a lot of examples, because you want organizations to be able to form what they see for each question—but I think that is was just, it was even hard in that brainstorming stage to know what each question was. (DB051605C695-98)

So, that is why I talk about the language and the terminology. It was not simple enough to just capture. So, that became so cumbersome just trying to understand it that you did not want to even answer it. (DB051805C6133-136)

I think that for all of us it was also a language change. And so you are adjusting to a language and talking in kind of pseudo student affairs business terms, which is not the common jargon that we speak on a daily basis. And so that was complicated. And I think that you and (the training facilitator) were really working on getting us to grasp it, but I think that we would get it, and then we would lose it... (DB051805CF45-49)

Despite the training facilitator's attempts, whenever he interacted with the departments to give them permission, encouragement and the latitude to make the questions work for them and to use or not use them as applicable to their environment, it was an insurmountable challenge for both departments. The researcher would note in her reflexive journal that "no one has suggested that the Categories are not relevant to their organization—just that they didn't understand the questions or what was being asked of them" (S. Osters, reflexive journal, p. 14).

There were members of both departments that talked about the importance of understanding quality principles and the TAPEE criteria before beginning or during the self-assessment process. It was second to the issue of the TAPEE language in respondents' discussion of the relevancy of the TAPEE to their departmental mission. Two members of Department A believed that their department was perhaps better attuned to business principles than other student affairs departments would be and cautioned that the adjustment for others might be greater. One Department A

Category leader wanted a knowledgeable MBNQA or TAPEE person to serve as consultant to the leadership team throughout the process. “They could kind of come and hang out with us for a little while and help us out while we are working through it” (DA033005C2460-462).

Department B staff spoke to the issue of understanding quality in general more than Department A. Six Department B respondents spoke directly to the need to educate about quality and quality principles before embarking on a CPR with the TAPEE as its basis. Following are typical of the experiences they had or suggestions they made:

I have no question in my mind that the quality process can be applied to higher ed. The problem is orientation of the people, of people that are going to be going through the process who basically have no knowledge of quality at all and giving them those tacit knowledge pieces that we just assume. (DB051205C4215-219)

I mean the more information on the front end that people could have had to explain what Baldrige was. What the components are. What typically goes into an organizational profile versus hearing about it and then having to react to it immediately. I think that can always be beneficial. (DB051805C2100-103)

You know, we have no maturity. We were just born into this, and so not being able to have the advantage of seeing the results, or what the end results of the quality process is effects people. They do not have the benefit of that. So, they are not as invested as they could be had they been through several quality cycles and seen what the results and the benefits were. So, that was part of our problem. (DB051205C490-94)

I know one thing, looking at it, if we were to try to do it again, like if we could go back and start again in September.... I have read more about it, and I start putting pieces together, and it is incredible what companies who succeed and are Baldrige award winners, what they look like and who they are. It is really amazing, and it's such an inspiring notion to think that we are trying to measure ourselves against that. And so my thought was ... if somehow the idea of Baldrige was just kind of trickled out, even in like one-page flyers. You know, “This is what Baldrige is about. These are some of the previous award winners: service industry, you know, the Ritz hotel. This is why they work. This is why it is so exciting.” And if we had a taste of why this was important to be using this method, there might be more

buy in. I do not know, but if we are hit all at once, then it just goes over our head, you know, overwhelmed. (DB051105CE81-94)

A third ingredient in understanding the relevancy of the TAPEE concerned the Organizational Profile and the critical identification of the key student learning and development factors or key business factors identified for their primary stakeholder(s). The actual question in the self-study manual is “The key student segments and stakeholder groups and their key requirements and expectations of us are....” In every meeting with the training facilitator in each departmental setting, he introduced and then repeated to them that they needed to concentrate on agreement of their key business factors (key student learning and development factors) and how the individual Categories influenced those factors” success and improvement. He stressed the importance of each Category thematically addressing them and the leadership team’s responsibility to integrate them.

Both departments struggled with the concept and the implementation of key student learning and development factors throughout the months of writing their self-assessments. Both departments were more comfortable taking existing core values and making those their student requirements and expectations. It was easier and natural to start with themselves than really probe the issue of student needs and expectations or to establish that departmental core values did represent student needs and expectations. It also was possible that the training facilitator’s use of the words “key business factors” as they appear in the MBNQA and TAPE for business as interchangeable with “key student learning and development factors” as they were redesigned for student affairs provided a compounding reminder that this self-

assessment was originally designed for business and was adapted for education and adapted again by the researcher for student affairs.

Department A actually developed key student learning and development factors, and the document editing process attempted to keep that focus, but determining the key factors was not a particularly thoughtful process. The leadership team did sign off on them, however. Department B was almost at the end of the semester and the writing process before they came to terms with providing this focus and then they went with three that had developed from Category 6.0's organization of departmental processes (education, outreach, service).

During the researcher's interviews with participants after the self study, the lack of this organizing focus caused her to adjust her interview protocol after the first few interviews. She began to ask directly about the failure of the team to identify the factors or to use them as a focus in each Category. Specifically, she began to ask if they had brainstormed and then written the Organization Profile before the two day self-assessment retreat, if it would have helped all of the remaining process. Over half of the participants (12 of the 23) either spontaneously or in response to a direct question, answered in the affirmative. Following are comments typical of the many.

Department A:

I think that it probably would have worked a little bit more efficiently if from the onset, as we are answering those questions in that two day, if we had already decided, "These are our business factors, or these are our core values and how they impact our departmental processes." But that was done almost as an afterthought... (DA033105C4259-262)

[In response to the researcher's question about having key student outcomes identified first] I think that is up for a department to decide, because their administrative style or focus is different. And in our case it is easily assumable that our

key to people are [sic] going to be students. But as we do business, even though we do get students in here, we do want faculty and staff. We do want their families. We do want lots, but, again, we say students, in general. I think that when we go back to what we concentrate on as far as our core values, I think we stress that more, and I think that it would have been easier to jump off on that, because it is something that we are comfortable with, whereas, what you are talking about, it is kind of like, "What are those?" It kind of seemed like a foreign concept, but it really was not... (DA033005C388-94)

I think that not only just the idea that the department has those ideas in place, but are actually using them. A lot of people within our department do not feel, they feel like after that whole big core value boom that was going around student affairs that it was more of a, "Well, let's be in our core value phase." But are we actually using them and pushing them in our programs and services, you know? (DA033105C4304-308)

And I think that part of the reason that we didn't circle or focus on those key business factors—that they were not central—is that was one of the things that we just came up with. You know what I mean. The key business factors and our customers, and I do not remember how everything is worded now, but the customers that we are supposed to be focusing on. Those were just groups that we just kind of came up with, and that was after the retreat ... if you had that right up front ... I don't think that it is a bad idea with mission and core values, since we already had those statements, and those had been driving us for so long, to come up with additional business factors seemed kind of strange. I think that if the business factors were more itemized ways that we got at our core values may have been helpful. I am not sure. (DA033005CE186-192; 285-290)

Department B:

Where that would be helpful and that in essence is what happened when you have a maturing quality organization, because then you have the product from last time that you can then use for your key business factors which then gives them [the self study team] the ability to focus. See this time we were basically going in cold, because the original thing that we did when (the first director) was here really was not applicable to the processes we are going through now. (DB051205C4124-128)

I think we did not know what we were going into really, and so then when you do not even have anything to say, "Come back to this. You are off course. Come back to these 10 things on the wall." And so I think that that probably would have helped. You know, I think that it can be done. I am not saying that it cannot, but I think that we allowed that to become our biggest challenge, because we did not have a central core to go and stand on ... because you have some brilliant people, but they can take you eighty different ways from the core ... and we did not have

anything that pulled us back that said, “You are not talking about what you need to be talking about. This is what we are talking about.” (DB051805CF68-76)

... The key is obviously key business factors. The fact that we did not have those to begin with, you are right, probably hurt us. If you can identify the key business factors and then use those as meta-factors that then cross all of the areas of the department, then you have a chance of doing that, of having, you know, as [the training facilitator] would say, a common purpose or a common customer. Because the truth is, whether we know it or not, we do have a common customer or common group of customers, and that came out. (DB051205C4310-316)

A fourth aspect of the effectiveness of the TAPEE criteria as a good fit for CPR in student affairs emerged from the concept of the focus on the whole department rather than its separate parts. One of Seymour’s (1995) “winning concepts” or pros that emerged from the AQC participants’ experience with the Baldrige process and criteria was the big picture that it produced and the benefits that accrued from thinking more holistically in terms of the whole not parts and in systems not functions. Howard (1996) pointed to the same benefit for student affairs by the empowerment that came from achieving a shared vision of organizational purpose and direction. For the two departments in this study the ability to see themselves holistically was influenced by the maturity of the organization. Department A struggled some with the concept but appreciated the final holistic view. Individual members in Department B could glimpse the value but fell victim continually to the perceived lack of a departmental identity. Although the training facilitator would emphasize the opportunity that the CPR process based on the TAPEE provided for organizational learning, for finding commonality among functional areas and for the synergy generated from the many to the one, it proved a daunting challenge for Department B throughout the process. In the end, Department B did build its self

study around three concepts that represented them the best—education, outreach and service.

From Department A:

I think that one of the really good things about it is that departmentally many people learned a lot about who we are and what we do and how we serve this campus than I think people had as a perspective from the very beginning. People tend to kind of focus on their individual jobs and then within their own area and do not take that helicopter view that we talked about so much, and I think that helped little bit. But that is probably one of our big obstacles as well, is getting out of those personal silos that we all kind of tend to build around ourselves so that we can do our job well, but so that we can serve the entire department as well. (DA033105C435-42)

I think that as a whole process, [long pause] the whole package thing, I think for one thing is important just to have that time to really reflect on what we are all about and the processes that we do. I do not think that as far as in our daily responsibilities, we have never really had that opportunity, because you are just so busy. So having this whole CPR process that we go through periodically like this is pretty important. At least I feel that way, because you do get to reflect and you really do kind of have to sit back and think about things. (DA032805C512-17)

I guess that it was something that was a little bit harder for me, but it did make people think about the bigger picture than what they are used to, and their specific role within [Department A]. It makes you work across the board with everything that is happening. So, I think that is one positive thing. (DA033005C244-47)

We talked about process, and that is one of the areas that we did,.... I do not know about other schools that—I mean, the other Baldrige groups that have done this—I do not know if they were as diverse as we were, because I think that (Department A) is a very diverse group.... I mean there are some similarities in (the six program areas in the Department) because we all have a similar process in getting to the starting line, so to speak. You all have to start at the same spot. But we just kind of had to sit there, and we came up with a little matrix to say how we do that, to say this is what you do that kind of covers generalizations of what we do... (DA032805C6100-108)

From Department B:

The Category team would not get global enough. They looked at individual offices, not the department as a whole. Sadly to say and partially the time we live in, we just want to take care of business and have security of our jobs. (DB051105C134-136)

... But our department has always struggled with, “Well, how do we evaluate the department versus the program area?” And even now as we are working on our strategic plan and business continuity, it is really hard to sit there and go, “How do we do this as a department?” because we really function as—what are we now, four program areas?—that are coordinated by a central department. It is kind of like a mini-division setup. We report to a director’s office, but we really function as four different program areas that have a certain support network. And I sit here and go, “Ok, well how do the big, giant companies take this Baldrige thing and apply it? What are we missing?” And so I am not sure that we ever got to that point or when we would have enough time to get to that point... (DB050905C534-42)

So it was so frustrating for us, because we felt like, and I do not know who it was, because it has been awhile, but I remember specifically someone saying, “Just because (a program area) does it does not mean that (our department) does it. You have to look at what we do as a department.” Someone (else) said, “As a department, what do we do? Well, we do not do these things as a department, because each of our offices takes care of it.” Somewhere in there a message got crossed, and I cannot tell you when. I could not tell you how.... What does (a program area) do for students (in another program area)? Well, not a lot, but that does not mean that the department does not. And again having gone through this process and at the end being able to go, “Now I get it,” how do we relate that message sooner so that people understand that just because one office area does it and another does not, does not negate that for the department? And again I can say that having gone through it... I do not know how to make other people see that at an earlier stage of it. (DB052805C3230-235; 246-252)

Well, it is just very hard with this department.... (Department B) does not have an identity. (Department B) does not have a common singular goal or thing that we do. We are a mishmash of program areas that are under a roof for supervisory purposes, and so it makes it hard to not look at program areas, because that is what we are.... Throughout the document we very, very frequently refer back to our common mission of “education, service and outreach” ... that is our common thread, and we have recognized that, but at the same time we are not a cohesive unit. And so we are just random programs that have been thrown together just because... (DA051105CE175-179; 185-190)

Ostroth (1996) in his Virginia Tech experience with Total Quality Management (TQM) and CPR acknowledged that some departments due to size or diversity might make CPR cumbersome. He advised that each department head would have to decide how to aggregate organizational areas when planning for CPR-TQM. He cautioned,

however, that, “though detailed analysis may be best done in smaller, more homogeneous units, it is essential that the functions reporting to a major department chair or unit head be considered as a whole when making quality improvements” (p. 5). It might be comforting to know that Department B fit Ostroth’s profile for diversity and a “cumbersome” CPR experience, but he did not suggest just how a department would get to a sense of the whole any more than Department B was able to discover how to do that in its process.

Another aspect of the relevancy of the TAPEE criteria for diverse departmental missions in student affairs concerns the customer or client focus of the criteria. As Howard (1996) illuminated in her discussion of the positives of a TQM approach in student affairs, the concept of a customer focus that had been problematic for higher education in general was a natural for student affairs professionals who have student wants and needs as the basis for most of their work. Howard’s observation was confirmed in this study by the very absence of commentary by any participant concerning students as a key constituent or the focus of their work. Both Departments had additional stakeholders, but students were primary. There was no conflict for two very diverse departments in embracing the student focus of the TAPEE.

The final aspect that emerged from the interviews concerning the effectiveness and relevancy of a process for a CPR based on TAPEE criteria was the confirmation by a third of the participants (8 of 23) that it was a good fit. Despite the problems of language, understanding quality and the TAPEE criteria, and struggling with an organizational focus, the participants found value and the promise of value in this CPR.

From Department A:

I think that what we have done here is real important, but equally important is what we take from the end of the process and for the next year or two, you know, how we take the information we come up with to see where [it leads]. (DA032805C5117-120)

[In response to the researcher's question, "Should we continue to use the Baldrige?"] I think that, yes, it should with some modification in the language in terms of making it understandable to the profession that we are in.... So, I think if you edit the language and ask questions in more layman's terms and maybe eliminate a question or two, the Baldrige can be effective. And I think that we will learn from this process, and we still found out about ourselves. We examined ourselves, probably in greater detail. So, sure, we did learn from Baldrige. (DA033105C7369-376)

I think that the focus and terminology is the biggest challenge, because with my background, having gotten an MBA and ... in looking at it, I think that unfortunately people see business and public service and education as totally separate components. The reality is that there are the same operational components within each. It is just different focuses on outcomes and different focuses on what is important, but the reality is that you still have money to operate. You still have programs to operate, and I think that people tend to say, "Well, this doesn't apply to us, because we are not in business." Or "We cannot do that, because we are not in business." Well, the reality is that as an auxiliary, we are far more business like than anyone else. (DA040105C1315-322)

Yeah, I think that the process this time, I liked it. It focused not so much on what we do, but are we doing what we do well? Or, how are we doing what we do? And I think the first one [CPR] ... was fairly descriptive about what we do, and I think that this one had a little bit more of a focus on "How do we know we are doing the right thing? Or, Can we do those things better?" (DA032805C564-68)

From Department B:

But I really think that [it] is a good structure. It gets a lot done, but I think that overall, process-wise, it makes a lot of sense... (DB051805CF13-15)

The quality process and the Baldrige process can fit and does fit what we do. (DB051205C4194)

So, I mean, you know, I believe in the program review, and I think that we can definitely benefit from it, and I think that we have in a lot of ways. I mean, do not get me wrong, I think that there have been some positive things that have come

out of it, whether we maximize the value of it, I am not quite sure. (DB051605C6199-202)

I do not believe that I told you this before, but the department put together this ... little planning committee, and I stepped forward, and I said, "I want to be on that. I have so many ideas because of this [CPR] process and looking at our assessment and looking, as a whole, how our department does as a professional [sic]." It just let me go, "Oh, wow! There is the bigger picture. Now that I know what it looks like, I can help." So this [CPR] process is the reason that I stepped forward to be on that committee. (DB051805C362-369)

Fitness of the process used for self-assessment. Participants had many comments about the process used by the training facilitator and researcher to provide their training and to structure the semester-long self-assessment. Comments were received from staff in both departments concerning the timing of the undertaking, the two day self-assessment retreat, the category teams, the dynamics of the leadership team and the actual writing of the self study document. None of these issues reflected directly on the TAPEE as an effective and relevant process for CPR, but they did impact the attitude of staff about CPR in general and thus have importance for understanding this study to its full measure.

Timing of the undertaking was an issue for many participants. Seventy-five percent of Department A's participants and 33% of Department B's mentioned the time of year as a detriment to the process. The orientation sessions were conducted in August of 2004, which was a busy time for both departments as they prepared for the beginning of the fall semester or staff took last-minute vacations and was just two weeks after Department B had moved into its new facility. In addition, Department B staff was mandated to attend university training on a new performance management system—another two days out of the office. September was the two-day self-

assessment retreat for both departments, and it was the beginning of the semester which is always full of activities. Following is typical of many of the comments.

From Department A:

Ok, I think the best part of the process was the two-day, but on the flip side, the worst part of the process was the timing part of it. And I think that time frame is going to be different for every department, because everybody has different work flows, but we met toward the end of August and did our two- or three-hour meeting, and that was a stressful time, because August is the biggest time of our year for preparing. And then we took two days out during one of our busiest times of the year which created stress for people back here, and you know, we got through it, but I think that forced people to be half-in and half-out instead of being able to go fully in. (DA040105C148-54)

From Department B:

... And then we all got tapped during the [physical] move [of the office] to go through the performance assessment thing. So, we had already been through two days of not fun [performance assessment] training and then to get pulled right into that [two day self-assessment retreat]. And so I think you just kind of, from our department unfortunately, you guys just go pulled into, "I am sick and tired. We cannot even get settled and unpacked, and the semester is starting." And for most of us that means, other than [one of their program areas], for everybody else that means just chaos, and so I think that was part of the problem to being with was buy-in. And it was not [the Director's] fault, and it was not y'all's fault... (DB051805CF223-230)

In addition to the time of the year, participants from Department A talked about the extra stress it put on everyone's plate to contribute to a CPR process in addition to their own jobs. Beginning with the two-day self-assessment retreat and throughout the semester of writing the self study document, participants' attitudes about CPR in general and then the process of completing the self-assessment clouded their ability to talk about the TAPEE as effective and relevant. Although some glimpsed the importance of the task, they were few compared to those whose focus was on the

extra work. Following are Department A's participants as they express their frustrations.

... And probably everyone reacts the same way when you think about just doing CPR in general. Do you know anybody who says, "Yes! It is back to us. We were waiting for you!" Probably not, because it takes some work and some time, and everybody is busy, and so you are thinking... this is an extra thing on my plate... (DA033105C716-20)

So, you hate to see going in with a negative attitude, because I think that it was some information that we needed to know, but it is the whole idea of keeping your brain in the place [where the two-day self-assessment was held] when you know that you are going to have to go back to the office and take care of work... (DA033005C313-315)

The time frame was extremely tight. I mean we had to hit the ground running on this, and I know that for me, well, because it was [my co leader] and I both splitting it, we were able to kind of divvy up the work. And I know that a lot of people are probably going to say this, if they have not already, it was a lot of their work that just did not get done or had to get done after hours, because they spent their time working on this.... Yeah, I would imagine that there were quite a few 70-80 hour weeks that came out of this for them, and that, and I mean that is really going to start to hit morale after awhile, because I really do not think that the department as a whole was really sold on this [CPR] process initially. (DA032805C6180-188)

I think really as a whole what it turned out to be through the whole process, now it has slowed down a little bit ... but it ended up being where it was almost like a second job for me just to get this stuff done. And so because, even though I am not in the upper management level with [Department A], I have a lot of student staff and a lot of facility to take care of and a lot of equipment and that kind of stuff, and so I really do not have free time during my day very much. And so I did most of my time, especially having my son and coaching his sports and stuff, it was like 10 p.m. until like 1 or 2 a.m. just writing these things, you know. So, it was one of those situations where it felt almost like a second job to me for a while, and I was pretty stressed out about it. (DA033005C233-241)

... But I think that if you focus more, in a shorter time frame, and have the ability to focus primarily on this task. The problem is going back and forth and back and forth, and it still comes to the end of the day when the average person still says to themselves [sic], "I am getting my paycheck for what? To run this program, to do this job, and this is just an assigned task that is on the periphery." (DA040105C1165-169)

... I think that sometimes we think about CPR and adding another thing into the schedule, you kind of approach it with a notion of, "Do I have time to do this or that or the other?" But I think that as (my co-leader) said, it is important to sit and reflect, because you do just get in the business of doing and doing and doing, and you never think, "Well, is there a way to do this better?" If we all sit back for a minute and take our breath and say, "You know, is there a better way to do it?" (DA032805C570-75)

Howard (1996) spoke to the challenge of time on task with the use of TQM strategies in student affairs. She identified fear of extra, added work providing resistance to implementation. Because of the demand of time and resources, Howard said that student affairs workers see themselves as pulled away from their primary concern of working with students in order to participate in TQM activities. "Although it is not intended to be, some employees will see these two sets of demands as mutually exclusive" (p. 5). Howard also pointed to the demands of immediate issues and problems causing a failure to commit the personal time and energy demanded by TQM. Howard's observations were very much present in the two departments in this study.

Participants also spoke to the semester time line for completion of the self-study with a spectrum of opinion from enough time to not enough. Speaking for several category team leaders, a Department B participant said, "We are so glad that it was one semester and editing in January, truthfully, because I think if it had drug out the rest of the semester ... we would have lost more" (DB051805CF312-313).

Summing up the experience of Department A concerning time, a category leader and editor said the following:

I think that personally, and for the departmental person as a whole, because I have interacted a lot more with all of the category leads, as far as the process goes, most of us feel like we did not have enough time, both in that original

introductory presentation that [the training facilitator] gave us and then going into the two day. I think that we would have felt much more comfortable with the process if we would have had a little bit more time. One of the things about most of the category leads is that we all tend to be very detail oriented people, and we did not feel like we had enough time to chew on each of the individual questions, especially because of the nature of a lot of the questions and the language of the questions. We felt like we could have handled and addressed them if we would have had a little bit more time to prepare. (DA033105C412-420)

Every participant responded to the researcher concerning the value of their orientation and the two-day self-assessment retreat. Three Department B category leaders who had not participated in the three-hour orientation with the training facilitator, pointed to missing it as a problem going into the two-day self-assessment retreat. Another Department B category lead spoke to the problem of not everyone in the department being involved in the two-day self-assessment retreat. "If everyone had been at the two-day, it would have helped. Those that didn't come didn't understand what we were trying to do. "Are we trying to fix something that's not broken?" They didn't understand" (DB051105C120-22).

Following are examples of participant observation concerning the positive value of the two day self-assessment retreat.

From Department A:

The part that I attend of that ... I thought they were helpful down the line. I think it jumpstarted pretty good and I think that it gave everyone an input that they belong and that they had a say in it, especially when we got into little groups and you got to answer each little question... (DA032805C643-48)

I think the that the two-day retreat was good, because that really guarantees or forces, either way that you want to look at it, that everybody's voice has a chance to be heard. So, if you want to opt out at that point, you can, but at least you are going to hear the discussion, and maybe even if you do not want to be a part of it, you will, as some point say, "Oh, yeah! I have got something to throw in here." So, I think it is good. (DA032805C575-79)

I think the retreat was definitely the key. I think that when we started out we might not have necessarily understood the importance, but you kept saying, “Well, the majority of the work is going to happen during this two day retreat.” And I totally agree. I mean that was so key to lay that whole foundational process and everything just built off of that. And it was great, because you had the whole department there, and you were getting everyone’s input, and it definitely was very important... (DA032805C522-27)

I thought it was a neat team-building idea. And you saw a lot of the personality and character come out of a lot of the staff. You saw ones that would step up, show leadership. Neat to see [sic]. And we saw it coming out of some that kind of surprised us—some that are usually quiet in staff meetings—and the ones that we knew would be there with the good reactions. All in all, I thought that was fun. (DA033105C743-47)

From Department B:

The retreat was enjoyable—one, because it was people that I do not typically work with - so the mixing of categories.... [At my table were] folks that I do not typically interact with on a day-to-day basis, so, one, having that interaction and just the level of conversations that we were having I thought was enjoyable in helping us look at the department from a big picture perspective. (DB051805C224-230)

Then we moved into the two day which was for me, as a hands-on learner and someone who needs it right in front of their face, was superb. It was easy to follow. That was my favorite part of the whole process was being able to analyze with my peers, my colleagues, and having all of the stuff displayed and not tooting our own horn, but seeing that we do a good job and being able to point those things out, and then seeing the holes and knowing that we might need to work on that. That was neat. That was my favorite part of the process. It went very well. I felt like a lot was explained. (DB051805C316-23)

But the process in general, as far as going through the stuff and laying stuff out, the two day assessment I thought was really beneficial to have a huge amount of information already done. We just had to fine tune it and build on it. And, you know, with some stuff we went off on a tangent that we never went back to, but at least we had gotten some stuff kind of out on the paper and starting point kind of thing. (DB050905C542-47)

Several participants suggested that the researcher provide better preparation for the two-day assessment retreat from a process and content standpoint. They believed that people were unsure about what was to happen in that setting or what was to be

accomplished. They had specific suggestions for how the researcher could provide better, more preparatory information such as summaries of the Categories and questions, a “cheat sheet” of sorts, and a summary of exactly what they would be doing each day. Some suggested that two days full days were too difficult for many to sit that long and that three shorter days would be better. It would also allow time for participants to be at their own jobs and thus allay some of the frustration associated with being away from primary responsibilities.

After the two-day self-assessment retreat the work of the self study took place in Category teams. Participants thought that breaking into those smaller groups by Category and a team leader of each was “good.” Some teams had excellent attendance and commitment and others did not. Those that seemed to function well, as reported by their team leaders, were broken down again into groupings by questions to answer. Everyone had responsibility, and everyone produced. Team leaders then provided consensus building and an editing function. When members—especially associate staff—felt that they had more difficulty understanding the questions or putting it into words, everyone helped or they paired a professional staff with an associate staff. From a Department A Category team leader, “I told the group, “We are not going to let anybody sink here. If you need help, we will help you, but make the first stab at these three” (DA033105C7285-286). Over half of the seven Category teams in Department A functioned well, and less than half in Department B.

Those Category teams that did not function well did not get off to a good start. Participants failed to come to meetings or backed out of contributing almost immediately. Most of the responsibility for research and writing fell to the team

leader and perhaps one other participant. In some cases the team members would give feedback to the team leader and s/he wrote the Category, but even that feedback was minimal. Department B's Category teams were disadvantaged by participants, who not having attended the two day self-assessment retreat, were disinterested in becoming involved at that point in the process. Also, from the Category team leader's perspective, having to bring those participants up to speed about the process and the content generated in the two-day self-assessment retreat was extremely time consuming. For these Category team leaders it would have been better to stay with the two day participants throughout the process.

Throughout her attendance at the leadership team meetings in both departments, the researcher observed that they functioned generally as "show and tell" reports from each Category team. The training facilitator had emphasized several times that the leadership team was responsible for agreeing on their key business factors (key student learning and development factors) and how the individual Categories influenced those factors" success and improvement.

The training facilitator also emphasized that all Categories were interdependent. He asked that as they fleshed out each Category not to think that they were independent, because they crossed over and worked with others. The leadership team would be responsible for assuring this integration across all Categories. The training facilitator also told them that they had no room for redundancy or summation.

As part of the interview protocol after the self-study had been completed, the researcher asked participants if they thought the leadership team had achieved the interdependence described by the training facilitator and if not, why not. Every

participant had an opinion. All agreed that the leadership team meetings had not reached their potential. Three major reasons were articulated: the natural occurring silos within each department that transferred to the Category and led to the editors making decisions; the failure of Category leaders to read each others sections; and the need for more leadership to focus the conversation.

Concerning silos within departments and thus between Category teams, participants commented.

From Department A:

... When our discussions about what is each group doing came up, it was actually more of a, “Well, we are almost to the final edit. We have passed it on to [one of the editors]...” It was not a, “I noticed that we were talking a lot about this, and I am not sure if it is in this area. Should we be doing it?” And so that is where I know that [the co editor] and I were going back and forth to the team leaders saying, “Ok, this is something that fits in your area, if not, xyz.” And then we would cut things out, and then it would be, “Why did you cut that out? I thought it was a really good area.” And then it was, “Well, it fitter better in this other area...” (DA033005CE123-131)

From Department B:

Well, that conversation did not happen in the team meetings, but it would happen when we would get together as a group, as a larger group, and it was more out of frustration, not so much as, “You know, some of what I am doing is in what you are doing,” It came out as, “I do not know what I am supposed to do, because they are doing it too.” Or, “I am doing it, so why are you doing it?” So, it was more of a confusion than an “aha” moment. And what ended up happening is, and you are right, because each group did not write their section with the understanding that it overlapped. But when I got the full document, I spent a lot of time culling through and condensing and saying, “Ok, if you are reading this in Category 4.0, you also need to refer back to Category 2.0 where we talked about already how this all played in.” So that happened when it got to the editing stage, because you are right, each individual category used that as a frustration point, and it bogged them down. It rarely got to, “You have something to share with me. I have something to share with you.” And I am not sure why. (DB051105CE114-125)

Concerning the failure of Category team leaders to contribute to the evaluation of other Category reports, participants commented.

From Department A:

Well, I think, you know, the two day is so kind of general. It is just throwing out ideas, but when you start writing something, you obviously want to be as specific as you can and do it as well as you can. And so I think that, number one, I do not think that everybody, if they tell you that every time something was posted on the intranet that they really looked at and read it, then they are lying, because I just do not think that anybody really did that because I think that you are just like, "Oh, I am just trying to get my section done." So, I think that as team leaders, we probably did not do the best job of going in and reading the updates as frequently as we should have from other areas either. (DA033005C2127-133)

... One of the biggest problems again was that as soon as people got into their silos, whether that be from their job or from their category, a lot of people did not look past their category to what other categories were working on. I am not sure how many of the other team leaders have even read the rest of the document. [This] is problematic, because this is the document that we are going to be working on for the next couple of years, and if they have not read it, then obviously the rest of our department is not going to read it. (DA033105C4237-248)

From Department B:

... But maybe like for the meetings, like once people started finishing up areas, then each person on the leadership team was supposed to read section 3.0 and then come back the next time and talk about it, because then that would help some with that transition. And let's just discuss it as we go, and not even if it is in order or not, but just, "This section needs to be done by this week." And if it makes sense to do section 1.0 and then section 4.0 and then 2.0, that is fine, but if everyone was actually reading it, because my guess is that very few people have read the whole document, which is sad, because that is what is supposed to be helping guide where you go from there. (DB051605C7251-258)

Participants from both departments spoke to the amount of redundancy they found in the final document. Some attributed the repetition to the questions themselves. "... The questions and the way they were worded ... I think were confusing to a lot of us. So, we ended up getting a lot of the same answers, and that was not necessarily what

we were looking for” (DA033005CE19-22). Participants did not draw a relationship from the redundancy to their failure to communicate with one another during their leadership team meetings. It fell to the editors to eliminate the redundancies, which potentially put them at odds with the original author of the Category. From the perspective of one of Department A’s editors was the following:

So, there was some overlap, but a lot of it was on the backend side where [the co editor] and I tried to make sure that those overlaps were not becoming repetitive by repeating the same information. It was more of a reference to the other areas that should have been addressing it. (DA033105C4245-248)

Participants offered several suggestions for improving the leadership team meetings. The one suggestion that received several articulations was that their should be better leadership and more structure to the meetings. Typical of those comments were the following:

From Department A:

I think they could have been more productive if maybe we had set agendas. (DA033005CF38)

... I think that we probably did not go into the team leader meetings and have a focus and really get work done, you know what I mean? We really did not focus on things and make decisions. It was kind of like, “Ok, we are talking about this, and let’s go to this next topic...” But it was not really concise decisions made as team leaders, and it was probably something that if we would have had a focus saying, “Ok, this team leader meeting, or this meeting that we are going to have, this is our primary focus: we are going to go back, and we are gong to revisit the leadership section. We are going to back and revisit.... So, before you come in, read that section. We are all going to talk about this, so if there are any changes that you think need to take place or some things that you could give to this Category to take back and revamp.” I think that would work, you know, I really did not think about that, but I think that probably would have been a better process, but it’s kind of like, you know, who makes those decisions. (DA033005C2138-149)

From Department B:

I think that maybe we did not, and I do not know if maybe [the Director] was supposed to lead, but I think that maybe we needed a leader that could say, “Ok, so you say you are finished, [Category leader], you are finished. So, tell us what you found. What did you find? Tell us what you found not just that you finished the reports online, because...” I mean, I can sit there and read it from the drives, but that does not mean anything to me. I mean, it does, but it is so much more meaningful to sit and hear someone discuss it and then say, “Oh, ok, this is how this would work with what we are doing.” Or if I read it, I would go, “Ok, it is done, whatever.” But for someone to say, “These are the things that we found. This is what it means, and you, we also found this that might have something to do with your area. (DB051605C7113-121)

The last area of concurrence about the self-assessment process concerned the actual writing of the Category sections. There was conversation by members of both Departments as to the onerous task that the editors had in blending multiple voices to create a holistic document. Along with the appreciation of the editors’ challenge was the implication that the final product became shaped by the editors’ knowledge or passion and may not have reflected what was most important to the department as a whole. Again, participants did not draw the relationship between the failure of the leadership team to collaborate effectively and their discomfort with editors shaping its final focus. Several participants talked about the difficulty of being critical about the work of others—one potential reason for not reading the Categories of other leadership team members.

Many participants spoke about knowing how much or how little to write and how to organize their writing. They asked the researcher for examples from other self studies to have benchmark examples of how to approach their category.

A commentary by a member of Department B’s leadership team puts a summarizing review of the self-assessment process and its influence on participants’ view of the TAPEE and CPR in general for both departments.

And then I hate to say it, but at some point after the retreat everything just kind of fell apart. I think as we went through the process part of what happened is that the questions were so (long pause) difficult for each Category team to get their arms around. It was not specific enough, and I think that individuals had a feel for what the idea was, but when they actually sat down at a table with their team, there was either a lot of time trying to get buy in or a lot of trying to get what the gist of it was, or...there was just a lot of time spent on things that had nothing to do with our process, or maybe they had everything to do with our process. It is hard for me to say. I just know that our end product never got to where those first meetings made it feel like it would get to. (DB051105CE20-28)

Summary

The relevancy and effectiveness of a CPR process based on the TAPEE criteria for diverse departmental missions at this research extensive university was primarily influenced by the maturity and identity of the department. The more mature organization with a strong sense of departmental identity and mission found more relevancy and effectiveness than the immature and change plagued department. Both departments had challenges with staff buy in for the process, especially in the smaller Category teams. Outside of the positive experience of both departments in the two day self-assessment retreat, buy in diminished as the process continued through the semester.

Second to organizational maturity, effectiveness was influenced by several aspects of the TAPEE itself. The challenges associated with not understanding the language used by the TAPEE nor the criteria, despite the researcher's attempt to make it "student affairs friendly" was the same challenge as other organizations have experienced as evidenced in the literature. Both departments were handicapped by their lack of understanding of quality and quality principles in general which serve as the foundation of the TAPEE criteria. Using key student learning and development

factors which serve as the organizing structure for writing a department's self study report was an additional challenge for both departments. Working from a macro, departmental view rather than individual component parts was a struggle for both departments and was influenced greatly by the maturity of the organization with Department A being able to make the transition with less difficulty than Department A. Over a third of the interviewed participants confirmed that the use of the TAPEE criteria had value for planning and understanding how they function and how well they function. Seeing the student as a primary customer was an inherent value for these student affairs departments.

The TAPEE as a venue for CPR was affected negatively by some aspects of how the self-assessment process was structured. The time during the academic year for the orientation and two-day self-assessment retreat was extremely demanding for both departments and exacerbated the challenge of the extra work involved in participating in CPR. Despite the aggravation, both departments' staff appreciated the two day self-assessment retreat for the amount of work it produced and the empowerment of staff. The Category teams and the leadership team never met their potential in either department. Writing and editing of the final document also was a challenge for both departments.

In all, the maturity of the organization affected the effectiveness and relevancy of the TAPEE as a basis for CPR and affected the response to the structure used for the self-assessment process. The structure used to bring the TAPEE affected how participants viewed the effectiveness and relevancy of the TAPEE itself.

Research Question 2

Research Question Two asked what the impact of a comprehensive program review based on the TAPEE Criteria was with respect to informing a cycle of initiatives, assessment, and development of strategies for improvement for the department under review in the context of the six criteria Categories of leadership; strategic planning; student and stakeholder focus; measurement, analysis and knowledge; staff focus; and process management. Analysis was conducted on each department's self study report for each of these six Categories based on the TAPE Scoring Guidelines Quick Card and each department's own self-scoring of the Categories during the self-assessment retreat. The following were the scoring levels used in the two day self-assessment retreat: not addressed (NA), needs improvement (NI), addressed (A), Addressed well (AW), and Awesome (A!).

The training facilitator encouraged departments to make the items in each Category work for them and gave them the latitude to ignore questions that did not apply. For this reason, absence of a particular item does not indicate a failure to address that item but a possible independent decision that it did not apply.

Analysis was further enriched by the voice of staff as they reflected on individual Categories during their post study interviews. Because the departments were so diverse, the analysis is done for each category by department and summation offered only if there was marked similarity between the two.

Category 1.0, Leadership

Department A's self-scoring on Category 1.0 was an "addressed minus." Participants at the self-assessment retreat found their approach and deployment of 1.1, Departmental Leadership to be an "addressed" but 1.2, Social Responsibility, to be a "needs improvement plus." The self-study report identified each item in the Category so that all were clearly addressed. The introduction to leadership included the importance of its mission statement and core values and identified its key business factors as (1) safety of participants, (2) customer service, (3) quality facilities and equipment, (4) well-trained staff, (5) student learning and development, and (6) excellence in all that the department does. Each item in the Category had approach and deployment and most indicated integration across programmatic units. If there was any deficiency noted, it was in the need for more intentional assessment—especially in the items under 1.2, Social Responsibility.

There were no comments by participants during the interview process that reflected on the Leadership Category.

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement for Leadership focused on deployment initiatives and strategies: (1) utilize and develop intentional processes that increase the interaction and visibility of our senior management team to stakeholders; (2) increase department-wide exposure to and understanding of our core values, specifically respect and integrity, improving professional confidentiality that often breaks down between work units; (3) improve and expand upon current departmental evaluation processes to increase use of 360 evaluations, providing greater access to

information and consistency across work units; (4) utilize current advertising strategies to market the departments' fiscal practices to its stakeholders, increasing understanding and support for future fee increases; (4) utilize current and create additional development opportunities and reward systems to improve cross-training, cooperation and networking across work units to reduce the real and perceived environment of area silos; and (6) investigate options that will provide for expansion of our target markets to include former students. Conspicuous by its absence was the deployment and integration of assessment measures which were an evident need in the body of the text but did not make it into the initiatives and strategies.

In Department A an effective, systematic approach, responsive to the multiple requirements of Category 1.0 was evident, and the approach was well deployed with no significant gaps. The approach is aligned with other work units largely through joint problem solving. In sum, approach and deployment items are well addressed and integration across units needs improvement.

Department B's self-scoring on Category 1.0 was a "needs improvement." The self study report included several approach items and a few deployment. Based on the influence of omnipresent transition and change, this Category was essentially under development. Departmental values (1.1a) were identified but they were not fully deployed because of departmental changes. Approaches to a favorable work environment were identified and deployment strategies shared, but there was no assessment as to the effectiveness of the strategies. There was little mention of departmental structure or governance (1.1b) except in reference to fiscal accountability where approaches and deployment were present. The approach and deployment to depart-

mental performance review (1.1c) was primarily through individual performance reviews. Organizational goals were assessed in individual program areas by multiple assessment methods. The key performance measures for the department were identified as education, outreach and service. They were deployed in individual program areas as well, but there was no evidence of assessing them on a department-wide basis. Category 1.2, Leadership, Social Responsibility, was not addressed except in reference to complying with the ethical standards of CAS. No deployment information was evident.

There were no comments by participants during the interview process that reflected on the Leadership Category.

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement were concentrated on initiatives and assessment. Action plans included (1) developing an approach to enhance departmental strengths, (2) defining the roles of Director and Associate Director and a “bottom up” evaluation method of senior leaders, and (3) focusing on key indicators and processes for assessing organizational performance. In Department B the beginning of a systematic approach to the basic requirements of the Category was evident, and the approach was in the early stages of deployment in most areas. At this point in its development, no organization alignment was evident as individual program areas operated independently.

Category 2.0, Strategic Planning

Department A's self-scoring on Category 2.0 was an "addressed minus." Participants at the self-assessment retreat found their approach and deployment of 2.1, Strategy Development Process to "need improvement" but 2.2, Strategy Deployment to be an "addressed." The self-study report clearly identified approach and deployment factors for both strategy development and the development of action plans. Item 2.2b, performance projections, was not addressed.

Half of Department A's participants spoke to planning during their interviews. Strategic planning had been the responsibility of an associate director who had left the department due to promotion in 2004. What became evident for participants was that information about departmental planning had not been communicated throughout the organization. "No one knew it. Yeah, he [the former associate director] knew it, maybe the upper leadership knew it, but the rest of the staff did not know what it was, and we sure did not know the process" (DA033005CE3319-320).

... That was the other thing that kept coming up was that we did not really have a strategic plan, and so with the OFI's (opportunities for improvement) it has helped us to develop the strategic plan, and [the Director] has sat down with every staff member and talked about their objectives and how they related to our strategic plan. So, I mean, I think that it was a win-win. (DA033005CF119-124)

When asked about the future use of the CPR results in respect to strategic planning, it was already on the staff's agenda for their early summer retreat. An honest reflection by one individual recognized that the use of the self study document would be as variable as the diversity of staff investment.

So, I think that it can be a very directional and active document if people within the department allow it to be. For some people it is going to go on the shelves. For those of us who want to become more strategic in our operations, I think that we

want it to be a more active document and something that actually guides what we do and how we interact with the university. (DA033105C4402-406)

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement were concentrated on deployment and assessment and reflected exactly what the self-study report had articulated. Action items included (1) development of a formalized process for deploying and evaluating action plans related to departmental strategies; (2) creation of a program that supports annual facility needs assessment that focuses on stakeholder needs; and (3) development of a systematic approach to benchmarking that assures the highest level of information on the current and future trends related to the department's mission. What was absent from these initiatives was the issue of communication that was addressed clearly in participant interviews. Although some of the communication issues were addressed in Category 1.0, Leadership, and Category 5.0, Staff Focus, they were not specifically addressed in Category 2.0 nor was the reader referred to either of the other two Categories for information about the challenge of fostering knowledge sharing or cross-functional communication.

In Department A an effective, systematic approach, responsive to the multiple requirements of the Category items was evident, and the approach was well deployed with no significant gaps except as identified above. The approach was integrated with the department's key strategic challenges of space, strategic planning, academic integration and service to an increasingly diverse student population.

Department B's self-scoring on Category 2.0 was an aggregate "not addressed." The self-study report identified that there had not been a formal strategy development

process for several years and what had occurred was non-systematic and at the program or senior leadership level. Although this was the case, the self-report identified the key steps and participants (approach) necessary to begin their planning initiatives as well as some reflection on the importance of communication and technology (deployment). For obvious reasons, there was no discussion of strategy deployment.

Over half of Department B's participants spoke to planning during their interviews and recognized that CPR based on the TAPEE Category 2.0 had helped them recognize and address this gap. "I think that it put big giant headlights on certain things that we have been neglecting. I mean, the strategic plan obviously is a big giant part of that" (DB050905C5113-115). "I mean I think that we have always done isolated planning. I think this is going to help us do some more of that departmental planning" (DB051805C2206-207).

Good, that is good, because I do think that is where the value is. I mean, I think that the biggest value for [Department B] is there was not a mission really. There was not a mission that anyone knew what it was. There was a mission, but no one knew what it was, and so that is not really a mission. And there was no plan for how to achieve whatever that mission might be. And so I do think that is the biggest value out of this document for sure, and then just the process of having to examine everything in itself is valuable. (DA051605C7379-384)

The Department had already begun its work in strategic planning by forming a group of "energized" individuals from all program areas who wanted to participate in "... departmental planning, to follow up on CPR to look at our strategic plan and see where it is at, to look at our learning outcomes, to look at our assessment, all of those things which are all related" (DB051905CF303-307).

So they are all called different things based on the areas, but like all of us had marketing as a priority in some iteration. For some of us it was marketing to stakeholders, for some it was marketing the information, you know, for some of us it was marketing the program, but marketing. And so we were like, “Well, clearly marketing in all kinds of forms is a departmental priority. We are all engaged in it somehow.” (DB051805CF285-289)

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department B were concentrated on beginning the journey and reflected exactly what the self study report had articulated. Action items included (1) a formalized effort in strategic planning for short and long range needs of the campus and community constituents; (2) the development of performance measures; (3) assessment (referring the reader to Category 4.0); and (4) suggesting that the program areas explore ways to evaluate and assess their key student learning and development factors of education, outreach and service both quantitatively and qualitatively.

In Department B no systematic approach was evident but the self study had generated the beginning of one. Because there was no approach, there was also no deployment, but the department had started that initiative through a cross-functional task force. The action items were not integrated with the department’s key strategic challenges of human resources and dependency on the Student Service Fee, but they did reflect the need for assessment.

Category 3.0, Student and Stakeholder Focus

Department A’s self-scoring on Category 3.0 was an “addressed minus.” Participants at the self-assessment retreat found their approach and deployment of

3.1, Student and Stakeholder Knowledge to “need improvement”, but 3.2, Student and Stakeholder Relationships and Satisfaction, to be an “addressed.” The self-study report identified approach and deployment activities in each item. The only challenge was the issue of alignment among the various units in a few of the items.

During the interviewing process no staff commented on Category 3.0.

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department A for Student and Stakeholders was concentrated on communication and assessment. Action items included (1) developing intentional communication processes that connect the department with its stakeholders; (2) developing advertising strategies to increase awareness and participation of underclassmen; and (3) empowering the department’s assessment committee to work with all units in creating market research plans that are timely and relevant. The only thing missing in the action plan was the identification in the self-study report of the challenge of assessing non-users.

In Department A there was an effective, systematic approach that was responsive to the overall requirements of the items. The approach was well deployed, with no significant gaps. The approach had organizational alignment with basic organizational needs, and the department was moving to have them more thoroughly integrated with needs identified in other criteria items.

Department B’s self-scoring on Category 3.0 was a “needs improvement.” Participants at the self-assessment retreat found their approach and deployment of 3.1, Student and Stakeholder Knowledge to be “not addressed,” but 3.2, Student and Stakeholder Relationships and Satisfaction, to be between a “not addressed” and a

“needs improvement.” The self-study report identified some approach and deployment activities in a few items and acknowledged very little integration across program areas but did identify some strong approach and deployment within individual program areas.

During the interviewing process only two staff members commented on Category 3.0. One indicated that the outcomes in this section had led his program area to develop learning outcomes for a new student orientation program. In what seemed an extremely insightful observation about the department that was not evidenced elsewhere, a staff member offered the following:

And the thing that I think is their common thread, not only is it that idea of education, outreach and service, but I think that the other common thread has to do with how we meet a student during the student development stages and where we seem to plug into very particular stages of their development and real critical stages of it. And I think that is actually what we have in common as a department ... is those student development [sic] and why, and you know, if we were not there, and because that is what we often come back to is, “Well, if [Department B] was not there, we would still move along just fine.” But I do not think we would, because we are the place where those key pieces of student development happen, and that is what we have in common. (DB051105CE199-208)

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department B for Student and Stakeholders was concentrated on assessment. Action items included (1) focus on learning outcomes to assess and analyze longitudinal data; (2) address missed opportunities to assess stakeholders’ needs; and (3) track complaints on a departmental level and use that to anticipate broader areas for improvement. What seemed to be missing in the action plan was an overall assessment plan to incorporate students and other

stakeholders (parents, other departments, and community partners) which would comprehensively address needs, satisfaction, and outcomes.

In Department B as self-identified in their self-assessment retreat, there was no systematic approach as a department that was responsive to the overall requirements of the items, although there were strong examples from individual program areas. Deployment followed approach with little or no deployment as a department but some strong deployment in individual program areas. Bottom line, there was little organizational alignment and individual program areas worked independently.

Category 4.0, Measurement, Analysis and Knowledge Management

Department A's self-scoring on Category 4.0 was a "needs improvement plus." Participants at the self-assessment retreat found their approach and deployment of 4.1, Performance Measurement to "need improvement," but 4.2, Information and Knowledge Management, to be an "addressed." The self-study report identified approach and deployment activities in each item. The only challenge was the issue of integration and communication among the various units in most of the items.

Staff commentary on Category 4.0 during the interviewing process was prolific. Seventy-five percent of those interviewed commented on measurement and analysis. Following are a few of the many comments that typify comments generated during the interviews:

You do not know if they are participating, because there is no scan, and there is no checks when they go in that door.... So I think that our collection of our data needs to be improved... (DA033105CO219-220)

A lot of it is, however, informal, and I think that is one of our great challenges is how to take informal, anecdotal things that we are doing and formalize it so that it actually has content when we go across there, and it is not just, “Well, [person’s name] thinks.” So, that is one of our challenges, but at the same time I think that is a frustration for staff, and they are like, “Well, you do not believe me? I have been doing this for 5 years, 10 years, 20 years, and I have an expertise in this, and you are just telling me that I am nuts?” So, you go, “Ok.” (DA040105C1267-273)

... Our weakness is lack of assessment in certain areas, then we need to do that, and plus, once we assess something, you know, we have the data, we should do something with it. It does not do any good just to assess it and then to just keep it. (DA032805C6478-481)

That is the biggest problem that we have as a department is closing that loop—is making sure that it is a loop, making sure that there is some type of continual work whether it be reevaluating a program, assessing a program, communicating that information.... We cannot be continually driving forward and leaving things in a partially finished stage. There has to be some closure to that loop so that it is an ongoing process. (DA033105C4412-416)

I think that what is going to come out of this, and I think that it is going to be straight across the board. I think that there is going to be an expectation that we share the information that we collect, and it will be a little, it will be more formal... (DA033005C3405-408)

I think which is beneficial for me, because I think that everyone will then start to do it, but one of my objectives for me [sic] was to do a big benchmarking study on all of the major universities across the Big 12 and other universities that have similar student bodies or currently enrolled students in terms of the total size... (DA033005C2355-358)

And the whole idea of internal assessment, external assessment, and then getting into the whole student learning outcomes is going to be a big idea for a lot of us, especially as we talk a lot more about benchmarking within our department and how we communicate information. (DA033105C4165-168)

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department A for Category 4.0 concentrated on new deployment and integration. Action items included (1) empowering the department’s assessment committee to create consistent policies and strategies for selecting, aligning and integrating data with department goals, needs and the

assessment of student learning outcomes; (2) ensuring that the IT area adopts and adheres to a set of IT best practices and focuses on quality training; (3) creating a central intranet data port for all staff to access information; and (4) empowering the IT advisory committee to work more efficiently with internal and external users by processes for IT best practices and assessment. What was so clear in the self study report was the problem of communication among work units which was an opportunity for improvement in every Category. It was not directly addressed in the action plan in Category 4.0 although it can be inferred to be the potential outcome of some of the action items. In addition, the items that noted a need for better dissemination of assessment results did not appear in the action plans.

In Department A there was an effective, systematic approach that was responsive to the multiple requirements of the items. The approach was well-deployed, although deployment may vary in some areas or work units as indicated more by staff interviews than the self-study report. The approach had organizational alignment with basic organizational needs and the department was moving to have them more thoroughly integrated with needs identified in all criteria items.

Department B's self-scoring on Category 4.0 was an "addressed." Participants at the self-assessment retreat found their approach and deployment of 4.1, Performance Measurement to be an "addressed," but 4.2, Information and Knowledge Management, to be an "addressed well." The self-study report identified approach but few deployment activities in each item. Challenges included a lack of integration among program areas, the lack of data utilization, and strength in tracking use of services and satisfaction but less in outcome assessment.

During the interviewing process 7 of the 11 staff members commented on Category 4.0. Staff recognized the lack of integration among program areas and the need for assessment in general. Typical of the comments include:

And this is what I think is going to be one of the results of the process is this weakness that we do not have a systematic approach to collecting data and information,... I think there were only two office areas that collected data on any type of systematic schedule or process, and of that, there was only one department that had any type of written or formal process for collecting data. (DB051205C4356-362)

So you sit there and you go, "Oh, I need to assess how I am assessing as well." Which now I take happily and want to have that.... We need this information so that we can legitimize everything that we are doing.... But it was pulling teeth for me to understand that, and I do not know why. I think I do survey my students—is that good enough? So why don't we bump that level up a little bit more?.... If it were not for this process I would not have taken a look at who my stakeholders were, what they need, and what they want. If it were not for this process I would not stop and think, "Ok, how are we wording this? Is this the appropriate way to do this? Is this the right process?" (DB051805C3316-325)

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department B for Category 4.0 was concentrated on assessment. Initiative and strategies were tentative. Action items included (1) every area of data collection, analysis and dissemination could benefit from addressing the lack of policies and procedures regarding the systematic tracking, documentation, analysis, and use of data to include comparative, benchmarking and upward and outward data communication; (2) developing a central repository of current PowerPoint presentations as a resource; and (3) addressing the weak communication between staff and IT in order to address the technology needs of each program.

In Department B's self-study report there was the beginning of a systematic approach to the basic requirement of the items. The approach was well-deployed where it existed. Little organizational alignment was evident as individual program areas operated independently. The department's first action item clearly indicated that the department "got it" when it came to the development of approach and deployment in this category. Although they recognized the lack of integration among program areas, it did not appear in the action plans.

Category 5.0, Staff Focus

Department A's self-scoring on Category 5.0 during the self-assessment retreat was an "addressed +." Participants at the self-assessment retreat found their approach and deployment of 5.1, Work Systems, to be an "addressed," 5.2, Staff Learning and Motivation, to be an "addressed," and 5.3, Staff Well-being and Satisfaction to be an "addressed well." The self-study report identified approach and deployment activities in each item. The challenge was the issue of integration and communication among the various units in several of the items.

Staff commentary on Category 5.0 during the interviewing process was prolific. Fifty percent of those interviewed commented on Staff Focus. Following are a few of the many comments that centered around communication and cross-functional learning:

... I think that some of the overarching areas, like the communication, you know, part of what came out of this is that we sort of operate a lot independently. And so I would definitely be interested in trying to do some things that are more department-wide ... [another staff member] might have something great that she is doing with her staff or with [their facility area] or whomever, or we recognize a

weakness and different people might go about attacking that in different ways, but I am kind of curious as we get to this and look at our action items to say, “What are some things that each of us can do?” (DA032805C5191-199)

... That notion of the common training for instance ... we kicked around about a year ago getting the [unit] and [unit] and [unit] and [unit] were four that we kind of identified as people who manage and are in customer service areas and things like that. And you know, it was a discussion that we had, and I do not know that we ever got very far, but I think this process maybe highlighted that maybe this is a priority to spend some energy on to give people that common ground... (DA032805C5221-227)

I think that it has helped [the Director] to think about, you know, are we documenting things that we are doing, and so he is like given [an associate director] an objective this year to document all of our business practices, like the 360, because we have found some OFIs (opportunities for improvement) in there and maybe some people are doing it differently. Even like, student orientation, I know there were a lot of questions about, you know, we work so vigorously with the staff orientation and orienting them to our department, but with students, we kind of put them on payroll and go “Here.” (DA033005CF194-200)

... But the thing is that our department is, the way we are structured, we basically have a lot of ownership in what we do. We do not necessarily—and that was one of the things that kept coming out—was communication. We really do not communicate with each other, because almost everybody has their own little style, and that is probably one of the biggest weaknesses of our department. (DA033005C3251-255)

Yes, using the internal and external communication, and then there is also a good one about cross-functional interaction, because I think that outwardly it appears that we do that, but internally, I think that most of the time I could not tell you what they are doing in [unit], or what they are doing in [unit]. And even though we have our staff meetings, the staff meetings are just times to fill [the Director] in, because that is what they are there for. So, I know that I talked about stuff in staff meetings, and then thirty minutes later somebody asked me, “Hey, have you started working on...” And I would think, “Yeah, we just talked about that. Did you not hear me say it?” Everybody just tunes you out. So, trying to find the ways to get that cross-functioning happening would be great.... So, I think those are things that are very important, and I think that action plan hit on them, and that is why I think the beginning and the end of the document are going to be the key for us. (DA033005CE419-431)

Yeah, I think what we need to do probably as a staff is when we have our meetings and when we, you know, our meeting bi-weekly or bi-monthly or however it ends up working, that there is a focus, or that there is actually com-

munication about things that are pertinent in order for us to be successful. And I think that hopefully that we'll get better, because sometimes I think that, and any department probably gets in the habit of maybe meeting just to meet, and sometimes that can be frustrating when there is plenty of stuff to get done. But if we are going to meet, let's make sure that we are focused on something that we can making [*sic*] things more effective or efficient or whatever we are working on. So, I do not know if it will happen, but hopefully that can come from this. (DA033005C2414-421)

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department A for Category 5.0 included all three efforts. Action items included (1) developing consistent methods of communication that reach both professional and student staff; (2) developing a common "departmental" chapter for staff manuals as well as sharing of best practices for consistent training across all areas; (3) implementing a consistent evaluation process that will increase the use of 360 degree reviews; (4) utilizing learning outcomes for student staff training and development; and (5) encouraging cross-functional interaction so that both professional and student staff are familiar with each other and the job functions that they perform. What was so clear in the self-study report was the problem of communication and consistency among work units which was an opportunity for improvement in every Category. It was directly addressed in the action plan in Category 5.0 although it would have been stronger if it had referred back to the communication dilemmas in previous Categories. Action plan item number 5 is an initiative without any strategies to suggest how it will be accomplished. During staff interviews there were some direct suggestions about how to better focus meetings, as one example, to reach the desired ends of cross-functional communication.

In Department A there was an effective, systematic approach that was responsive to the multiple requirements of the items. The approach was well deployed with no significant gaps. The approach had organizational alignment with basic organizational needs, and the department was moving to have them more thoroughly integrated within the department.

Department B's self-scoring on Category 5.0 was an "addressed." Participants at the self-assessment retreat found their approach and deployment of 5.1, Work Systems, to be an "addressed"; 5.2, Staff Learning and Motivation, to be an "addressed"; and 5.3, Staff Well-Being and Satisfaction, to be a "needs improvement." The self-study report identified approach, but deployment activities varied by item from few to many. There were many items that were not addressed and many parts of items that were not addressed, such as the promotion of cooperation, initiative, empowerment and innovation; processes to recruit and retain employees; opportunities for career progression; optimizing the diversity in the workplace; and assessment of staff needs and satisfaction although some of these were subsequently addressed in the action items. Departments could exercise the discretion not to address any items or questions it felt did not apply to its environment. Workplace safety had strong approaches and deployment.

During the interviewing process only one staff member commented on Category 5.0 and that was the person who led the category team.

... The question is will the people who need to be able to act on all of these sections, will they be able to take them and act on them.... Like my human resources stuff, you know, one of my things was to say how we treat associate staff. They do not have the same level of support as professional staff.... How do we hire and assess student workers for [this] department. Until it is written out

that we have to do it, will people actually change and start doing that?
(DB050905C5200-206)

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department B for Category 5.0 was devoted to initiatives and assessment. Action items included (1) improvement of hiring procedures and development of opportunities for associate level staff members; (2) the development of a more consistent process for assessing overall staff satisfaction; (3) improvement of staff satisfaction by the establishment of a formal method to identify training needs and a development plan as part of the hiring and an evaluation process; and (4) further development of the risk management manual to reflect the department's new facility and organizational restructuring.

In Department B's self-study report there was the beginning of a systematic approach to the basic requirement of the items and in some cases, such as workplace safety, there was an effective, systematic approach. Deployment was in the early stages for some approaches and well developed for others. Category 5.0 showed the strongest alignment based on organizational needs of the previous Categories.

Category 6.0, Process Management

Department A's self-scoring on Category 6.0 during the self-assessment retreat was an "addressed" for both Student Learning and Development Processes, 6.1, and Support Processes, 6.2. With exceptional clarity, approach and deployment were implemented for all items. Integration of these approaches was identified across the department and where it was not, it was identified as well. Throughout each item

suggestions were offered for greater efficiency and effectiveness, and all of them became part of the action items.

Staff commentary on Category 6.0 was limited to four individuals, the two co-chairs of the Category team, an editor, and one other staffer. From the view of the Category co-team leaders was the following:

Well, I know that one good thing is that some of these processes were not formally documented before. I mean they were well entrenched, but there was no, well, what is the process? Well, now we have that information. So, I think that it is definitely valuable from that standpoint because now we have something written down. (DA032805C6380-383)

And I would agree with that (having it written down), because even talking to [staff member] about [his facility] people and all of those attendants. You know, I did not know they did some of the stuff that they did. I knew that we were all trained, but I did not know how they did it. I can tell you about how everybody interviews and how we all conduct ourselves. I think that is good to know, especially when somebody can ask you a question. I think that you should be as knowledgeable about your department as you can. (DA032805C6384-389)

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department A for Category 6.0 included all three efforts. There were 13 action items to include: (1) empower area administrators to meet with staff to increase inter-area communication; (2) develop and implement a formal program evaluation process; (3) develop formal and consistent procedures to review and respond to customer feedback; (4) increase formal and informal stakeholder communication by increasing technology tools (Web-site, Web-based surveys, computer terminals in common areas); (5) establish pervasive student worker orientation procedures; (6) centrally collect, store and distribute survey data electronically for all staff access; (7) develop and consolidate formal procedures for hiring, training, point-of-sale, facility inspections and information technology; (8) modify

area hiring process to create consistency across the department; (9) develop and distribute formal assessment tools for several areas; (10) develop and refine departmental and area learning outcomes; (11) increase the use of computer technology with needs assessment to identify processes that could be improved by using new or existing technology; (12) implement more consistent and effective student cash handling training and procedures; and (13) develop an annual schedule that documents facility walk-through procedures and increase the number of inspections.

In Department A there was an effective, systematic approach fully responsive to the multiple requirements of the items. The approach was well-deployed with no significant gaps. The approach is integrated with organizational needs identified in response to all items.

Department B's self-scoring on Category 6.0 was "needs improvement." Self-scoring on Category 6.1, Student Learning and Development Processes was a "needs improvement" but 6.2, Support Processes was an "addressed." The self-study report identified approach and deployment activities by program area, but also provided organizational synthesis through identification of three primary processes—active programming, advising, and administrative services. Some items were not addressed and some had an approach without deployment.

There were no comments by staff members during their interviews on the Process Category.

The impact of the TAPEE criteria with respect to informing initiatives, assessment and strategies for improvement in Department B for Category 6.0 could not be

determined in the self study report. There were no action items or recommendations given in the body of the discussion of the Category or as a summation.

In Department B's self study report the Category 6.0 team perceived that they were at the beginning of a systematic approach to the basic requirement of the items. The approach is deployed, although some program areas are in the early stages or were not noted in the report. No organizational alignment was evident as individual program areas operate independently with the exception of support processes in business and technology which were shared.

Summary

Influenced in large measure by the maturity of the department, the longevity of staff and senior leadership, and a clear departmental identity, the impact of a comprehensive program review based on the TAPEE criteria with respect to informing a cycle of initiatives, assessment and strategies was positive and well developed in Department A and addressed or beginning to be addressed in Department B. As noted by Seymour (1995), deployment was an area of struggle for higher education because of its decentralized and loosely coupled nature. For Seymour, communication barriers as well as the independence of individuals within functional areas prohibited the proliferation of ideas across functional areas. This was observed by the researcher in both departments in this study. The CPR based on the TAPEE, however, provided the opportunity to understand those barriers and consider strategies for diminishing them. The TAPEE structure also provided both departments the opportunity to document current practice and develop action plans in all six criteria Categories. Category 4.0,

Measurement, Analysis and Knowledge was a Category of specific introspection and action planning for both departments as was Category 2.0, Planning. One of the more challenging Categories was 6.0, Processes, and that effort gave a departmental view that had not been available to either department in the past. In the end, the TAPEE focused the teams to address the challenge of being able to function as a department of the whole.

Research Question 3

Nitschke (2000) emphasized that the Baldrige criteria had proved its value for improving understanding of current performance, identifying the highest priorities for improvement, and building a long-term commitment to assessment. Research Question Three asked if the use of a comprehensive program review based on the TAPEE Criteria was an effective management strategy for focusing on assessment, planning, improvement and change for the senior leaders of two diverse Student Affairs departments. The Directors addressed improvement and change as one variable. Although by definition improvement is building a more valuable or desirable condition and change is making something different from what it currently is, the researcher did not ask the Directors to break their comments out with this specificity.

The analysis of the data is presented for each Department Director individually and in the aggregate where their perceptions and experiences were similar. In addition, the Vice President and two Associate Vice Presidents were interviewed after the completion of the self studies and their comments are included at the end.

Department A

The Department directors were interviewed in April of 2005 after the self-study processes were complete and the self-study leadership teams were no longer functioning. Department A's self-study had resulted in a "Self-Assessment for Performance Excellence, 2004-2005" final report. Department A's director was interviewed prior to the visit of a site review team.

The researcher asked, "What about the assessment that was in here [self study report]—Category 4.0 and 7.0, will that inform you personally in terms of leading the organization?" The Director responded, "Oh, yes. I think so. I do not think there is any doubt about that" (DA041505D120-123). He continued to elaborate with the following:

I did not see any real surprises in this. And that is one of the reasons that I put together this assessment team for this department, because I see things that, from a global point of view that a lot of folks have not had the opportunity or do not take the time to see from a global point of view. And from there what we are trying to do is to let everyone know what everyone else is doing, number one, and to try to figure out some plan, because we are doing a lot of stuff that, like you said, does not have to be done every year. And we are doing some stuff, that you know, maybe we could collaborate on. We are doing a lot of assessment that is not closing the loop—so "why are we doing it?", kind of thing... We need to fix that problem. (DA041505D, 140-148)

The researcher asked the Director if he thought the results of the CPR and the resulting action plans would generate the department's planning for the next three or four years. "Yeah, I think so, and in some areas we may have jumped ahead a bit in some of the action planning for Category 2.0 where we started talking about strategies and stuff" (DA041506D151-152). Specifically, the Director did not see any big holes

in their planning efforts that did not get touched in the CPR review. He acknowledged that historical events, like the change in divisional leadership, can change your plan.

The [new Vice President's] plan for this year came in the middle of us doing all of this, but I do not think that it had a significant effect. A lot of the stuff that he talks about we were already addressing one way or the other. (DA041505D173-176)

In respect to the use of the CPR outcomes for improvement and change, the Director saw that they would be imbedded in their action plans.

Director: Then, I think, of course ... that a lot of the value comes up with the action items, because ... it forced all of us to take a look at where our shortcomings were and to come up with ways to get better at what we are doing. And I suppose that is why the questions are structured the way that they are is to get at that. You know, to talk about what you are good at and where you can improve.

Researcher: Well, in a sense where your gaps are (is) between where you want to be and where you are.

Director: Right, and you know, there are action items in every Category, and I think that we came up with a lot of opportunities for improvement. (DA041505D75-84)

Because Department A had a site review team visit planned as part of the CPR process, the outcome of that visit was important to the Director for improvement and change. "We put together 10 or so action items and put some priority on them, but you know ... there is probably some value in seeing what they [the site review team] have to say also" (DA041505158-159).

Department B

Department B's director had a self-study report to share with the researcher for the purpose of her dissertation, but because the decision had been made to postpone a site review process, the document never was produced as a completed report. At the

time she was interviewed for the post review, she said, “As I said, the document is done. What I am struggling with is that people’s commentary related to some of the questions is not at all based on data, and it is anecdotal and somewhat whiny...” (DB042805D6-7).

In response to the researcher’s query as to the outcome of this CPR being beneficial for her from an assessment standpoint, she responded,

One of your questions was, “How will you use the results of the self-assessment and will there be a focus on assessment?” And I think the answer is that, “Yes, there will be a focus on assessment.” I do not know if this self study is solely what prompted it, but it sure is a piece of what we could not answer, because when I wanted to find data to support what they were saying was true for us, I could not really find it. And we collect lots of the easy to get, peripheral data and not a lot of the substantive outcome, and we have some substantive areas. (DB042805D92-97)

As early as the two-day self-assessment retreat, the Director and departmental staff had acknowledged that they did not have a departmental planning process. In their unpublished self-study (Department B, 2005) they reported,

Some offices [program areas] have developed both short and long range planning documents, while others have had less formal discussions about future planning and programmatic activities. This non-systemic approach bears out the conclusion that strategic planning is an area that needs to be addressed further. (p. 6)

This gap, however, had already generated attention and work in the area of planning that the Director said had been beneficial.

I now have a group of people who meet every Friday morning for an hour and a half to start the conversation about “What does our mission say? What should it say? What do our core values say? What should they say? What are our learning outcomes? What are each of our priorities?” (DB04280574-77)

In addition to the departmental mission and vision review, the Director and the Assistant Director had begun the development of a time line or action plan for the work the department would do on their self-study gaps before a site review process.

The [associate director] is actually shepharding us on the conversation we are going to have from mission to marketing with learning outcomes and core values and those things in between. And they are not independent discussions. They sort of fold up on one another, but they are a little bit about systematization. (DB042805380-383)

When asked if the final document was a comprehensive look at the department, the Director found many holes where the writers of Categories seemed to overlook or not be knowledgeable about the department since the last CPR review.

You know, nothing was done for graduate students. Well, that is simply not true. Or staff development was not taken care of. Well, I spent an awful lot of money on staff development if it really did not happen, and a lot of my staff participated on the staff development team in one form or another over five years, if we did not attend to that or think that it was important, and six of my staff are currently enrolled in doctoral education. So, then they look at you, "Oh, that is what it means." So, then I say, "Ok, well that is valuable. Now, tell me what you meant when you said, "No staff development took place." Well, they cannot really put it into concrete terms. They do not know what they missed. They just had the feeling.... (DB04280553-60)

Researcher: Did you write that (self-study document) so that there were strengths and opportunities for improvement in there?

Director: Well, we tried to, and they wrote it through the text, and we tried to sort of bring it to the bottom of the section so that we could clearly see. And what you will see is "Huh?" But, you know, outstanding orientation professional of the year, that is not in here anywhere. There is not even an appendices [sic] that says, "Over the last seven or eight years, here are some of the accolades." It is written as though we did not get anything done over five years, because we have not done a thing systematically. (DB042805238-244)

Directors' Overall TAPEE Process Reflections

Both directors offered reflections and suggestions about the overall self-assessment process. Reflecting on the three hour orientation of the leadership team, Department A's Director admitted that the process was "pretty foreign" to student affairs and education. He believed that the training facilitator's orientation was essential—both for the Vice President's office and the department's leadership team. Especially since this CPR was so different from its predecessor, "... you really need to learn about what is going to happen during this, what it is all about, and why are we doing this" (DA041505D13-17). He also suggested that there be a "bit more salesmanship" about the process. "I think that half of our people were pretty excited about it, and the other half could not see how it was going to help us" (DA041505D17-19).

Given the context of change and the attitude of staff about that change, Department B's Director had even a harder sell.

I think that we still have several, even on the leadership team, who do not quite understand the task, and maybe it is just as simple as Meyers-Briggs style, less comfortable with more abstract or less structured directions, but throughout, even in their small groups [Category teams], I had to visit them often, because they would have questions. "We are stuck. We cannot do our part. What are we supposed to do?" ... I tried to say how we wanted to use this document. That it was effectively a snapshot in time that bridged the picture from the last five or six years ago and would give us impetus to be able to have our conversations about our future and priorities or directions that we would like to pick up, or holes we would like to fill, but that was the struggle. (DB042805D136-144)

Both Directors were positive about the two day self-assessment retreat. Department A's Director found it to be the highlight of the whole process. He felt that 80 percent of the work was done that day and the rest was just getting down to detail.

You might have guessed that the two days that we spent together as a team, I thought, were really exciting. Our team participated almost to a person. Everybody had an opportunity to participate. Everybody was heard. (DA0415050D20-22)

Department B's Director also believed that the two-day self-assessment retreat was a positive experience although she did not involve all of her staff and still believed that to be the correct decision.

It was a more pleasant experience than we had expected. I think we enjoyed the time together. I think that in [Department B's] case it was more than overdue to start having a conversation about who we are and what we want to be when we grow up even more. (DB042805D362-365)

Even on the retreat day—and I know that you feel like we should have had more players present—I am not sure who all else it would have been, because not all the people in the room stayed bought in.

Researcher: That is true.

Director: And those that were behind were a fairly bare bones crew. We had associate staff who just are very content to be told where we are going. They do not want to be a part. We had others who would more enjoy a piece of the process. (DB042805D145-150)

Both Directors were insightful about the necessary stability of the organization going through a review. Department A's Director thought the process was “pretty exciting” (DA041505D35-36). He cautioned, however.

You know, if your organization is dysfunctional, your product is going to be poor, and that is the part that people are not getting. People seem to think that they can run a good operation with a dysfunctional organization, and it doesn't happen. That is why I like this thing. I think that it talks a lot about the organization and how you put it together and how you treat people, and I think that it is something that every manager, every leader should go through. (DA041505D41-45)

Department B's Director thought it was a valuable exercise if what was desired was for people to gain a more systematic broadband perspective. That goal was accomplished for her since “... it was clear that we had not looked at ourselves that

way in a long time” (DB042805D265-267). Two program areas, however, had been moved out of her department in February of 2005 and a new one added so the issues about change and disgruntled staff remained as it had when the self study was initiated.

Oh, yes, I still have the same detractors and people with strong feelings. And it has only been enhanced as the department has been morphed, because now what was a mushy identity anyway, now they feel like there is not [a] reason for us to be together if you can sell us for parts as you like. And so they do not even want to struggle now to find a common identity or reason we are together, because obviously together is not the high priority, because we can be sold for parts at any time. So, you know ... I do not think that it states it overtly ... [but] this is a very different process for an organization that is going through a great deal of change versus a stable one. (DB042805D64-71)

Both Directors agreed that a big stumbling block was the difficulty all staff had with understanding the language of the TAPEE criteria and the sentence stem construction of the questions. They attributed a good deal of any dissatisfaction with the process to be people’s inability to understand what was being asked of them. In addition, questions seemed to repeat themselves within different Categories leading to a sense of repetition in the final self-study report document. These problems were not overcome in either leadership team as there was not much communication between Categories during the team meetings. Both Directors reported that their staffs concentrated on working their own Category and Category team leaders did not look to each other for coordination between/among Categories. For both Directors there was a strong suggestion for additional understanding and training in the future.

Overview Observations of the Process—Office of the Vice President

The Vice President for Student Affairs was interviewed in June 2005 after Department A's site review process. Since the decision had been made in March to let Department B have another year to prepare for a site review, his opinions were based only on Department A's self study report. The Vice President was a believer in program review processes that were acceptable to individual departments and with outcomes that would promote change and improvement. His reaction to the CPR based on the TAPEE is influenced by this belief.

I think that the Baldrige model may or may not be good. I am not convinced it was uniquely productive, but I think that any, particularly with that organization [Department A], any model would have been productive. It simply provided a format for them to look at themselves, but whether it was Baldrige or another model, they learned what they were going to learn from doing it themselves. (VPSA060805VP20-25)

I do not know that it [the Baldrige model] is unique or superior to anything that I have seen, but certainly it is a good, usable, functional model. I will confess a predilection against models personally. I am not a "Let's do everything by X model sort of person." So, you know, I have a predisposition against taking something and using it for everything. (VPSA060805VP41-45)

It [the self study report] was certainly comprehensive, and it was not pros and cons. It was, I forget how it was framed, but it was "things being done well" and "things or areas for potential improvement" made it a consistent fast format to read for what I wanted to read it for. And at the same time it may be reflecting that the organization is largely in a good place. Regardless of the Categories, the results seemed to be pretty redundant. So, I was disappointed that there was not more discovered, or maybe I should be pleased that there was not more discovered, but by the end it kind of got annoying that it was just the same answer just using different words. (VPSA060805VP8-15)

In response to the researcher's question about whether the self study document would be of use to him as Vice President, he responded,

I like knowing what departments are doing or not doing. I like the detail in knowing where we are at. I assume that directors, if they are good directors, they

are looking with vision at what they need to for over the next five years. I would be mildly curious about what [Director of Department A]’s plans will be, but I would rather know where we are at right now, and are we doing our job well. (VPSA060805VP138-143)

The AVP as direct report for Department A reacted to the self-study document differently than the Vice President. She found the document too detailed for her use and difficult “to see the forest for the trees.” She understood its use for the department but saw no use in all that detail for herself. The most important thing that came out of the process for her was a move towards more formalized, important, focused assessment. She did, however, note that within the Division of Student Affairs there currently was no strategic planning process and that it would be difficult for departments to have alignment.

Well, it almost seems to me that one of the gaps that we have is that we have this expectation—that is fundamental to the Baldrige approach—that you have the well-articulated, intentional strategic planning process in place that links back to your mission and your goals and your priorities. But we do not have that for the Division, and so it is hard to link back. So, somehow, I think that to have all of this work, if that is so fundamental, so important for our departments, we need to look at how we get that. (VPSA052605AVPA358-363)

The AVP for Department B spoke almost entirely to the changes and transitions in Department B. He related the history of the department in the last five years as dominated by leadership changes and program areas being removed and others being added in.

... Where [Department B] once had a driving purpose of student welfare in general, and they had a central office staffed with senior associates, two associates and a dean, now there is a director....So, it is a very unusual design and setup for a department, and it has been through many changes, and so I would say in large part, through no one’s fault, much of the review and evaluation that we did is not applicable to [Department B] anymore. (VPSA060905AVPB33-37; 47-50)

I would say, and it bears out as I read their document, their document initially was a critique of a lack of whatever, because of all of these transitions that they were going through. And it turned into a “Here are some things that we have done well, and here are some things that we need to do kind-of-thing.” But I would not think that [Department B] could not possibly get a positive evaluation other than kudos for hanging in there during a terrible time of transition, because everything has changed 1,000 percent for them. (VPSA060905AVPB87-92)

During the nine months between the researcher’s first interviews with the Vice President and his staff, there was not much change in the differences among the three, and there had been no activity from the Office to set any planning and assessment expectations for the Division of Student Affairs. This study of a CPR process based on the TAPEE was conducted without a home base in Divisional planning or assessment.

Summary

For the Directors of these two very diverse departments, the use of the TAPEE was an effective strategy to focus on assessment. Department A’s Director liked the cross functional understanding and collaboration that came from the study and especially for closing the loop on assessment for improvement and change. The CPR outcomes confirmed his development of an assessment team for the department. Department B’s Director recognized that the lack of assessment data had plagued the self-assessment process and that there was a need for more sophisticated data-based on outcomes expectations. She was not convinced that the CPR process was singularly responsible for this recognition.

Department A’s Director believed that the outcome of the CPR process would generate planning in his department for the next three to four years. He believed that

the TAPEE had covered planning comprehensively and that before the self study had ended the department was already under way. Department B's Director believed that the TAPEE criteria had focused the department attention on the lack of planning at the departmental level as well as the lack of a systematic approach by programmatic units. They too had generated an effort in planning before the self study process was complete.

As to improvement and change, Department A's director had action items developed from looking at their gaps or shortcomings for change and for improving or "getting better" at what they were already doing. Department B's director looked toward improvement but felt undercut by what she believed was missing from their self study report and the staff's shortsighted view of their accomplishments as a department.

Both Directors confirmed observations by staff about the self-assessment process. They pointed to the difficulty with the TAPEE language and the lack of cross functional collaboration between Categories. For both Directors these challenges emphasized the need for more education on the TAPEE, more understanding of the purpose of CPR in general and more salesmanship or marketing of the value. Both Directors also pointed to the positive empowerment of the two day self-assessment retreat as well as to the maturity of the organization as it affected the process. Department A's Director recognized that a good operation was not possible in a dysfunctional organization. Department B's Director was going through change in the departments that reported to her—again.

Members of Vice President and his staff continued to be different but not in conflict about the TAPEE as a model for CPR. The Vice President was not enamored with models in general and believed that the Baldrige was as good as any. He was interested in more discovery than he found in the results of Department A's self study but recognized that could be because they were a well functioning organization. He was interested in what planning would be generated but was more interested in what they were doing in the present and how well they were doing that. The AVP for Department A felt swamped by all the detail in the self-study report and believed it was more valuable for the department than for her needs. She liked the move toward more formal assessment and acknowledged the lack of planning as a Division. The AVP of Department B simply believed that the outcomes for the Department B were not worth much because of the continuing changes that made their self-study no longer applicable.

CHAPTER V

SUMMARY OF FINDINGS, CONCLUSIONS, RECOMMENDATIONS, AND REFLECTIONS

William Bryan (1996) in some concluding comments on achieving quality in student affairs and higher education acknowledged.

There is no single quality model designed to meet the needs, expectations, and demands of every higher education environment; therefore, educators must be aware of the strengths and weaknesses of any quality approach. They must be prepared to alter or design a quality model to fit the unique aspects of their campus culture. (p. 3)

The purpose of this research was to determine the usefulness of the Texas Award for Performance Excellence Education (TAPEE) Criteria as the basis for a comprehensive program review in two departments in a Division of Student Affairs at a research extensive university. Additionally, the study was to determine the potential usefulness of the TAPEE Criteria as a management strategy for senior leadership in each department.

A summary of the findings of the study followed by conclusions drawn from the findings is contained in this chapter. Both the context of the study and the research questions are addressed in this chapter. Conclusions are followed by recommendations for practice and recommendations for further study. The chapter concludes with reflections by the researcher on her role as researcher in her own “backyard.”

Summary of Findings and Conclusions

Summary of Findings from Department A's Context

Department A's Director knows and believes in his department and its staff, and he has a structure and processes in place that have worked well for many years. He believes in continuous quality improvement regardless of an already high performing organization, is optimistic about the future and about change as a good thing. His organization is mature, and both he and his staff have longevity with the department. He has had a long time to grow his organization. He provides visionary leadership by establishing clear values and high expectations for staff and the performance of the department. His focus is on staff and students, and he points to those as the department's star performers with the TAPEE criteria. The Director has a systems perspective about his organization but works at it judiciously so as not to destroy the independence of individual program areas.

In observations over the course of nine months, the researcher took particular notice of the investment that Department A's staff had in the organization and each other. The leadership team was particularly inclusive of all staff as witnessed by their work in developing the Category teams and in their genuine interest in their associate staff's involvement. Several participants mentioned that in the future they would include students in the self-assessment process as student employees were an integral part of the department. Somewhat by the nature of their discipline and the development of their departmental culture over time, teamwork comes easily to them, and they enjoy one another's company. As empowered by their Director and noted by him

during a team meeting, almost all are willing to accept leadership roles in the department.

Conclusions from Department A's Context

Department A is a mature and stable organization. Consistent with the TAPEE core values and concepts (Quality Texas Foundation, 2003), the department's Director sets clear directions and values for his organization to include the value of organizational and personal learning. The department values its staff and students. It is growing in its capacity to manage by fact and focus on results. Although it has independent unit programs, whenever it is necessary, the department is able to overcome any barriers and grasp a system perspective. It was ready for a comprehensive program review based on the TAPEE.

William Bryan (1996) proposed questions that student affairs professionals should answer when considering implementing a quality approach. Answers to the questions help leadership gain insight into the climate and readiness of an organization to pursue a quality system. Of the 29 questions, at least 16 would have been answered in the affirmative had they been posed to the Director and considered by Department A's leadership team. The successful use of the TAPEE criteria for this Department's CPR could have been predicted. Here are a few of the strongest affirmations: leaders are supportive and committed to tireless work for quality; leadership is shared; the department has a mission and vision statement that has a shared understanding by its staff; all employees are involved in the process; there is an emphasis on the widespread, extensive involvement of staff; staff are empowered to make their own

decisions, work standards, and goals; staff organize their own work and deal directly with customers; and trust is present.

Summary of Findings from Department B's Context

At the initiation of this study Department B's Director had two years of history with her department and the Division of Student Affairs at this institution and only four months as its director. She had not had the time to establish and articulate a vision for the department. She inherited a relatively young organization beset by years of change both in its multiple locations and the different programmatic units that were added to or subtracted from it as well as change in its senior and associate leadership. She knew that staff had found safety by applying best practice within their own programmatic units. She expressed early concerns about a CPR process based on the TAPEE because of its critical look at leadership, planning, assessment and process, but she hoped that CPR would empower staff to consider themselves as one unit and provide them with the information to shape and improve their shared system. In other words, she hoped to use the CPR process to set in motion a process and the attitudes that would establish their baseline as a department and action plans that would move them forward.

During the months of observation of the Department's orientation, self-assessment retreat, and leadership team meetings, the researcher observed a lack of complete or invested participation. The unwillingness of some participants to see themselves as a department worked against the process. Some were committed to their individual program areas to such an extent that repeated requests to work on

what their parts contributed to the whole seemed to be an insurmountable challenge. As a result of the department's constant change, staff had become dependent on the mission and results of individual program areas for identity, purpose and accountability.

The fact that not everyone had the same level of orientation to and knowledge of the TAPEE at the initiation of the self-study and not everyone participated in the two day self-assessment retreat hampered the process throughout. Leadership team members appreciated one another, were deferential and respectful of each other's knowledge and experience and pitched in to help when individual Category teams were having difficulties. They could do all of that and had been doing that for ten years, but without a sense of shared purpose and direction as a department.

Conclusions from Department B's Context

Department B was not a mature or stable organization at the initiation of this study. Its participation in the TAPEE Progress level self-assessment violated a major condition set forth in the literature (Howard, 1996; Seymour, 1997), in the MBNQA and TAPEE, and by the training facilitator. Although a valiant and honest attempt to find itself through the process, the process tended to make the lack of maturity and sores from years of change more noticeable. In fact, the history of the department would change again during the self-study as it gave up two units and added another. Neither the researcher nor the Department's Director and AVP knew at the beginning what became clear during the course of the study. Based on 20/20 hindsight, the Department was not a good candidate for this research study.

Consistent with the TAPEE core values and concepts (Quality Texas Foundation, 2003) and despite its lack of maturity, the department is dedicated to a learning-centered education and the real needs of the students it serves. It values staff and their personal learning. It recognized during the self-study process the gaps in organizational learning and had a working group dedicated to providing a renewed mission, vision and core values for the department. It is from this base that it would need to grow and develop as an organization.

Posing the questions developed by William Bryan (1996) to assist student affairs leadership in gaining insight into the climate and readiness of an organization to pursue a quality system would have helped the Director, the AVP and the researcher make a wiser decision about Department B's participation in CPR. With the following answers, a more informed decision about the department's participation might have occurred: the lack of a shared mission and vision statement; the lack of trust, the lack of widespread, extensive involvement of staff in the department; the difficulty seeing change in a positive light; and the lack of awareness that the department is an entity in which everything influences everything else. "TQM is not the answer for a dysfunctional department; it can only improve a communicative and functional system" (p. 4).

Summary of Findings from the Office of the Vice President for Student Affairs'
Context

The proposal for this dissertation was approved by the researcher's committee in July of 2004 and blessed by the Vice President's office prior to the proposal defense.

The interim VP had been an AVP and continued his blessing for CPR and the potential for improvement in its delivery with the TAPEE. The Division of Student Affairs' history with CPR dated to 1997, and all but one department in the Division had completed one cycle based on the first CPR model.

By the time the actual research study was underway, there was a new VP. At the inception of their orientation to the process, the new VP and his leadership group had no time to consider their divisional approach to planning, assessment, improvement and change. During the researcher's initial interview with the new VP in August of 2004, it was clear that he would want a CPR process that was embraced from the bottom up and not imposed from the top down if there was to be relevancy and meaning.

When the motivation comes from below and internally, then that planning and assessment is done for the right reason, in a sense, to look at programmatic direction, goals and attainment.... I think that it is unfortunate that we spend so much time responding to bureaucratic demands for planning and assessment.... They are motivating and producing something completely irrelevant. (VPSA083004VP213-224)

In reviewing the TAPEE Categories, the VP and the two AVPs were not in conflict nor were they particularly in agreement. Their opinions were expressions of their knowledge and experience that had been forged in different institutional settings from each other—the Vice President and the AVP of Department B at different institutions and the AVP of Department A at the research institution of this study.

Conclusions from the Office of the Vice President for Student Affairs' Context

At the inception of this study, there was no system perspective of the Division of Student Affairs. The new leadership team had not articulated a new vision or mission for the Division. New strategic initiatives would not be articulated by the VP until February of 2005. There had been no time for agreement among the VP and his AVPs about divisional planning and assessment or expectations for individual departmental planning and assessment. In TAPEE terms, the divisional leadership had yet to articulate its own value-centered processes—“... processes that produce benefit for students and stakeholders and for the organization. They are the processes most important to ‘running your organization’...” (Quality Texas Foundation, 2003, p. 46).

Both AVPs believed that it would be difficult for their respective departments to have a helicopter view of themselves—to see their programmatic units as part of the whole. It also was true at the time of this study that the Division of Student Affairs had gone through two years of change and uncertainty about its leadership and its place within the institution. The Division did not see a helicopter view of itself. Prophetically, Department B’s AVP would make this observation:

... [Department B] is a smaller mirror image of the Division of Student Affairs. It is six areas that somehow have to unite and come up with an idea, the same way that there are 11 departments in Student Affairs that have commonalities and some differences that have to unite. There is also tension between two paradigms.... Is each department in their own canoe and are they paddling their own canoe or are we all in one boat, and we each have an oar? (VPSA090204AVPB376-381)

Seymour (1997) believed that “... quality principles and practices can be applied to any system.... But their real value accrues only when they are applied within an environment that is actively building a methodology for learning—a goal, a process, a

measure, and a cycle for planning, executing, and evaluation” (p. 10). Division leadership at the institution in this study had just begun its journey together and to nurture the environment that would be uniquely its own.

Summary of Findings from Research Question One

Research Question One asked, “Is the use of a comprehensive program review based on the TAPEE Criteria an effective and relevant process for diverse departmental missions in a Division of Student Affairs at a research extensive university?”

The maturity of these two diverse student affairs departments and the longevity of their leadership influenced the effectiveness and relevancy of a CPR based on the TAPEE criteria.

Buy in and commitment of staff directly affected the process of self-assessment and the receptivity to CPR itself and the TAPEE.

The relevancy of the TAPEE was directly related to the participants’ ability to understand the criteria, the language employed, concepts of quality and quality principles in general, and to determine and focus on key student learning and development factors and to take a departmental rather than area or unit view of the Categories. Participants easily embraced students as their primary customer and the value of focusing on staff, staff development, and staff work environments.

Perceived effectiveness of the CPR based on the TAPEE was influenced by the administration and timing of the orientation and training. The beginning of the fall semester was one of the busiest times of the year. Despite the bad timing, the two-day

self-assessment retreat was affirmed by everyone who was interviewed as one of, if not the best, part of the self-study. Category teams were recognized by all as the best approach to writing the self-study, but neither the Category teams nor leadership teams reached their full potential. The role of editing the document was not only a big task but also was perceived by many to carry the predispositions of those who served in that role.

Once some of the major road blocks such as language and understanding of quality and the TAPEE criteria are addressed, staff participants in both departments believed that a CPR based on the TAPEE can be a good fit for student affairs. It provided a good focus on outcomes, on what is most important, on what they did well, and it answered the questions about whether they were doing the right things and could they do them better.

Conclusions from Research Question One

A CPR process based on the TAPEE is not a process for a dysfunctional or immature student affairs department. It is a process designed for the involvement of all departmental staff within a well articulated and living mission. The maturity of a department affects the ability of staff to see itself holistically and to be more than just the sum of its parts.

Program review must have a clearly articulated purpose (Black & Kline, 2002; Conrad & Wilson, 1985; Hoey, 1995; Mets, 1995). Perhaps in moving from CPR stage one to stage two and the six to seven years in between the first self-study and the second, department staff lost the focus over why the Division was involved in

program review. The self-study manual addressed the purpose as well as the need for a new focus in the second stage, but the self-study process, as expressed by participants, seemed more influenced by a sense of having to comply rather than being embraced for its intrinsic personal and organizational values. Departments need to recognize that they are the primary beneficiary and user of the results of their efforts (Ludeman & Fisher, 1989).

Departments need a foundation in quality principles in general and the core values, Categories, criteria and language of the TAPEE before embarking on the self-study. Dependency on a self-study manual, no matter how well-written or designed for student affairs, is not a strong enough learning tool for all the different learning styles represented with any group of people. A semester is not enough time for the self-study when combined with the learning curve of that foundation. Booz Allen Hamilton, Inc. (2003) affirmed from MBNQA participants that it was time and persistence in reading and applying the Criteria that brought clarity. Howard (1996) also spoke to the necessary patience demanded for the time and energy needed for continuous quality improvement approaches.

Articulation of a department's key student learning and development factors in the Organizational Profile is the primary focus for the self-study. Each Category must provide evidence of its support of these factors. Enough time and training must be allowed for a department to understand, develop, if necessary, and utilize them as the central organizing points in each Category team.

The timing of the self-study during the academic year is crucial to a successful venture as it influences staff buy in and commitment to the process.

Acknowledgement of and appreciation for the extra work that is placed on staff in addition to their regular responsibilities must be articulated by senior leadership, and strategies must be found to lighten the regular load during the self-study.

The two-day self-assessment retreat is a good tool for staff empowerment, team building and information sharing for a department. A great deal of information is generated that would otherwise be relegated to individual effort over a longer period of time. It must involve as many staff members as possible, and directors need to trust that trained facilitators are capable of handling the most cynical and distrusting of staff. It is critical that the leadership team be named in advance of the self-assessment retreat, that they know which Category they will lead, that they read the self-study manual, and that they be present at the orientation meeting preceding the self-assessment retreat.

Category leaders need preparation for their roles and tools for sustaining engagement. Better team leader understanding of how to manage team meetings to build cross functional discussions and collaboration also is needed. Editors not only need the talent for the task of writing and blending the writing of many others, but they also must be open to letting the department speak through them rather than functioning as the voice of the department.

Student affairs is well suited for the concept of the customer that is fundamental to the TAPEE. While other units in the higher education academy struggle with the concept of accepting students as their clients or customers, student affairs historically and in practice understands and articulates students as the reason for their business.

Bryan's (1996) introspective questions concerning a student affairs organization's readiness for a quality approach sheds summative light on many of the conclusions from research question one. Participants would say "no" in response to the following: "Is there a pervasive understanding of why quality is important? Does everyone understand and accept the terminology being used? Is there open examination of underlying assumptions and beliefs to improve results? Is there an understanding of the time and energy necessary for success?" (p. 3-4).

With the necessary corrections of the major stumbling blocks for participants in the use of the TAPEE criteria as a basis for CPR—and answering Bryan's (1996) questions in the affirmative, it can work well for student affairs departments. It is consistent with a major governing document of the profession, The American College Personnel Association's *The Student Learning Imperative* (Holmes, 1996). It especially is well-suited to support the demands for accountability and the standards of the country's accrediting agencies. The TAPEE as a CPR clearly provides evidence of ongoing assessment and evaluation of student learning and services that inform strategies for planning and improvement (Higher Learning Commission, 2004; Middle States Commission on Higher Education, 2006; Southern Association of Colleges and Schools, 2006; Western Association of Schools and College, 2001)

Summary of Findings from Research Question Two

The impact of a CPR based on the TAPEE criteria (leadership, strategic planning, student and stakeholder focus, measurement, analysis and knowledge, staff focus and process management) with respect to informing a cycle of initiatives, assessment and

development of strategies for improvement was influenced by the maturity of the department, the longevity of staff and senior leadership and the clarity of departmental mission. It was also influenced by the struggle to understand the language and criteria of the TAPEE. As Seymour (1995) noted in his study, describing the approach to the criteria was easiest for both departments, but describing the deployment of the approach was more difficult because of the decentralized nature of both departments. The independence of individual units or program areas and the independence of individuals within those units provided communication barriers that hindered the sharing and growth of ideas.

Conclusions from Research Question Two

Category 1.0, Leadership, provided movement toward improvement for both departments. For Department A the emphasis was on six initiatives and strategies, but assessment needs which were evident in the text, did not appear in the action plans. For Department B the emphasis was on two initiatives and one assessment plan. It was an area that was essentially under development for Department B.

Category 2.0, Planning, along with Category 4.0, Measurement, Analysis and Knowledge, provided the most learning for both departments. Department B had sporadic planning within its programmatic areas, but there was no departmental planning. The TAPEE provided the introspection for the Department to begin its planning process and generate action plans to include initiatives and assessment. In fact, the department began this journey before the self-study was complete as they now knew where they needed to go. Department A provided action plans that

included initiatives, strategies and assessment to improve an approach and deployment that was well established. Essentially, the TAPEE provided the opportunity for a mature organization to improve its process and for an immature organization to start one.

Category 3.0, Student Focus, along with Category 5.0, Staff Focus, were the most comfortable for participants to understand and support. Both departments could articulate their approach and deployment to Category 3.0, but assessment was the missing link. Assessment also was problematic in the sense of integration among and between units and program areas where communication often prevented efficiencies.

Both departments recognized their needs for improvement in Category 4.0, Measurement, Analysis and Knowledge. As Seymour (1995) noted, higher education had a high fit with this Category. Institutions in Seymour's study noted, however, that although this made sense for higher education, most institutions struggled to measure what they do. Even if the institution was getting better at the process of gathering data, it wasn't always clear that they were using the data to manage the institution. Seymour's experience was reflected in the results for both departments and evoked the most reflection during participant interviews. Initiatives and strategies were both departments' response to this Category.

Category, 5.0, Staff Focus, produced initiatives, assessments and strategies for both departments. It specifically addressed the issues of communication that ran through all of Department A's Categories. Department B had initiatives and assessment plans as they began to document their approaches and deploy others.

Category 6.0, Process, was the most challenging Category for both departments. Both departments developed process matrices. Department A's included process matrices on hiring, training, process requirements, input (to include assessment) integration, staff preparedness, and accommodating differences. Department B's included the key processes of active programming, advising, and administration with input from all program areas and cross referenced to their key student learning and development factors of education, outreach and support. The matrices informed initiatives, assessment and strategies for improvement in Department A. Department B documented the current approach, but there were no action plans or future directions indicated leading the researcher to conclude that Category 6.0 had little to no impact on the Department or that they had not completed this section of the self-study.

Summary of Findings from Research Question Three

Both Directors were asked if CPR based on the TAPEE criteria was an effective management strategy for them to focus on assessment, planning, and improvement and change.

Both Directors answered in the affirmative concerning assessment. Department A's Director believed that it would increase cross functional understanding and collaboration. It had satisfied his need to close the assessment loop that leads to improvement and change. Department B's Director acknowledged that the lack of data had plagued the department's self-assessment process and that they needed more sophisticated data based on identified outcomes.

Both Directors affirmed the effectiveness of the TAPEE on providing a planning focus. Department A's Director believed that it would generate planning for the next three to four years and that they had already started that initiative. Department B's Director recognized planning to be the department's biggest challenge and the biggest need. However, even as the self-study was still in process, a committed group of individuals from across program areas were taking a serious look at the beginning steps of planning—revisiting the department's mission and core values.

Improvement and change also produced an affirmation of use for both Directors. Department A's Director simply pointed to their action items that provided the improvements needed to address their gaps or shortcomings. Although Department B's Director was affirmative, she also was swamped by the problems that plagued her immature organization. She indicated that the action items were undercut by what she thought was missing from the document and the staff's unrealistic view of the department.

The interviews conducted with the VP and AVPs at the CPR's conclusion produced the same diversity of responses as the interviews at the initiation of the process. The VP didn't like models in general and said the Baldrige was as good as any. He had hoped for more discovery in the final report and was only mildly interested in the department's action plans versus his strong interest in what and how well the department was doing in the present. The AVP of Department A was not interested in all the detail of the final report but did like the move to more formalized assessment. She reemphasized the dilemma of planning at a department level without any current planning at the divisional level. The AVP of Department B did not

believe the final product was worth much as the department again had experienced change. Two program areas had been removed so the self-study report no longer reflected the department in the aggregate or in individual units. Another program had been added, but it was not represented in the document.

Conclusions from Research Question Three

The structure and outcomes of the TAPEE criteria did inform the senior leaders of both departments with strategies to focus on assessment, planning, and improvement and change. Regardless of their maturity or their diverse missions, both leaders profited from the CPR. Department A's Director was as interested in the results of the upcoming site review team visit as in the results of the self-study. The external review would provide an additional and important view of the department and would be incorporated into the department's final action plans.

Department B's Director had deferred an external review process in order to address some of the major gaps in the department's approach and deployment to the TAPEE criteria. Her department was still going through multiple changes which had the potential of exacerbating staff attitudes and beliefs about their departmental identity. Although Department B did not have the maturity and functionality that the literature suggests is important for undertaking quality processes, the CPR and the TAPEE criteria did provide a focus and a direction.

The use of program review for improvement and its integration into planning and budgeting was one of the strongest recommendations found in the literature (Black & Kline, 2002; Ferren & Stanton, 2004; Mets, 1995). In fact, Ferren and Stanton (2004)

indicated that it was necessary for the “whole to be more than the sum of its parts” and advance the organization (p. 188). Department A’s Director operated on this principle before using the CPR’s TAPEE criteria. It was an easy fit for him. Department B’s Director spoke at length about the problems with the budgeting model employed in her department. The TAPEE criteria had the potential to provide the department a more holistic approach to integrating planning, assessment and budgeting.

Between the inception of this study and both departments putting the finishing touches on their self studies, the Vice President articulated new strategic directions for the Division of Student Affairs. The mission, vision and core values remained as they had been. There was no indication that a divisional planning process or assessment program would be articulated by the Vice President’s Office. At the same time the institutional context was also changing. There was an active cross functional assessment initiative of which academic program review was a component. Although the research institution in this study had pockets of program review, particularly in graduate programs, there had been no university-wide expectations for program review until these new initiatives. It was assumed that program review would be expected in other university units once it was firmly established in academic units. In addition, the entire university was involved in the development of university-wide outcomes based decision making.

Leadership support for program review and the use of results is well established in the literature (Hoey, 1995; Mets, 1995). Holmes (1996) indicated that the lack of top leadership involvement and support for quality initiatives was one of several

problems with the success of TQM in the academy. The Vice President's Office showed a strong disposition not to impose any particular program review model on a department. They followed the academic model of the institution that believed in entrepreneurial independence or the "strong college model".

Recommendations for Practice

This research study was to determine the usefulness of the TAPEE criteria as a comprehensive program review in student affairs from the results of a case study of two diverse departments in a research extensive institution. The researcher has attempted to provide the thick description of the context, observations, interviews, document reviews, and personal reflections that allow the reader to transfer the results and the following recommendations for practice to their own institutional setting while being mindful of the limitations of the study.

Departmental maturity or readiness should be assessed before this model of CPR is deployed. In addition, departmental leadership can be given the flexibility to choose the level of self-assessment best suited for its department. The TAPEE process used in this study was an intermediate level (Progress Level) for organizations that already have a sound management system and evidence of the achievement of performance results. The first level is for organizations that are beginning a committed journey toward quality. It involves completion of the Organizational Profile and responses to a set of self-assessment questions. The questions involve the same Categories as the Progress Level process, but questions are limited to no more than six for Categories 1.0 through 6.0 and ask the organization "if" and "what" are

the key things it does. It concludes with a summary of the most significant gaps or opportunities for improvement in each Category and the development of action plans for improvement (Quality Texas Foundation, 2005). A level one self-assessment would be a no pressure and no microscope approach for the beginning or more immature department.

The student affairs staff member who is guiding program review in the division would be greatly advantaged by becoming a TAPEE examiner. It is common practice for organizations seeking a Baldrige or Texas Quality award to send staff for examiner training. It better informs the organization's process and facilitates understanding of the criteria and the language employed. Individuals who participate in the training are committed to an extensive amount of training and volunteering in the self-assessment evaluations of other organizations. The approximate time commitment is a range of 206 to 321 hours over a nine month period of time. Potential examiners are encouraged to seek their employers support for this commitment (Quality Texas Foundation, 2007).

Training in quality management is essential. All participants in the self-study process need a more thorough orientation to the concepts of quality, to the TAPEE and to CPR. Booz Allen Hamilton, Inc.'s (2003) respondents said the greatest problems they encountered when attempting to implement the Criteria were "... the learning curve associated with the Criteria themselves, the necessary culture change required to implement the Criteria, and acceptance of the Criteria among employees and staff" (p. 9). This training should occur in the semester prior to undertaking the self-study with the intention of building understanding and commitment to the goals

of CPR and the values and outcomes of the TAPEE process. Department A's Director suggested this when he talked about the need for better preparation. "There probably needs to be a little bit more salesmanship, I suppose, in talking about the process. I think that half of our people were pretty excited about it, and the other half could not see how it was going to help us" (DB041505D17-19).

Two staff members in Department B offered suggestions about seeding an understanding before initiating the self-study.

I think that goes back to how you orient them and sell them on the process... You know, we have no maturity. We were just born into this, and so not being able to have the advantage of seeing the results, or what the end results of the quality process is effects people. They do not have the benefit of that. So they are not as invested as they would be had they been through several quality cycles and seen what the results and the benefits were. (DB051205C488-94)

... If we were to try to do it again, like if we could go back and start again ... since I have read more about [the Baldrige method] ... it is incredible what companies who succeed and are Baldrige winners, what they look like and who they are. It is really amazing, and it is such an inspiring notion to think that we are trying to measure ourselves against that. And so my thought was ... if somehow the idea of Baldrige was just kind of trickled out, even in like one page flyers, you know. "This is what Baldrige is about. These are some of the previous award winners: service industry, you know, the Ritz Hotel. This is why they work. This is why it is so exciting." And if we had a taste of why this was important to be using this method, then there might be more buy in ... [when] we are hit all at once, then it just goes over our head, you know, overwhelmed. (DB051105E81-94)

Senior leaders in particular need a better understanding of what will be involved in the self-study undertaking. Booz Hamilton Allen, Inc. (2003) noted that senior leadership support and "... infusion of the Criteria into the organizational culture through internal communication and promotion..." were the main keys to success in implementation (p. 8). Inclusive and supportive attitudes were observed in both Directors in this study, but they needed a better understanding of the process in order

to be role models for and mentors to their staff. Directors need to understand the amount of work involved for staff and provide incentives and compensation for the effort that staff expends during the writing of the self-study report. The training facilitator needs to work with senior leaders to brainstorm ways to offset the onus of “working two jobs” and to build appreciation and celebration into Category and leadership team meetings. Directors also should be given the latitude to decide when the self-study semester will be undertaken in order to facilitate the best timing for the department.

During the advance preparation or training for the self-study, the Organizational Profile should be written. In addition to the identification of key student learning and development factors, the Organizational Profile provides an overview of the department’s mission, programs, staff, facilities, internal and external relationships, challenges, competitive environment, and the findings and recommendations from previous program reviews. Completion of the Organizational Profile allows all members of the department to have the same organizational knowledge and agree to the key student learning and development factors to which all Categories will relate.

Training is essential for the leadership team in addition to the foundational knowledge of quality concepts, the TAPEE and CPR. Team leaders should be prepared to nurture the commitment of staff working on Category teams. In this study Category leaders who reported successful team experiences had the ability to empower, support and delegate effectively. All members of the leadership team need to understand the importance of cross Category conversations and organizational learning. Participants from both Departments in this study offered innovative

suggestions about how leadership team meetings could be more meaningful and productive.

... I think that maybe we needed a leader that could say, “Ok, so say you are finished, [Category team leader’s name], you are finished. So, tell us what you found. What did you find? Tell us what you found not just that you finished the reports online.”... it is so much more meaningful to sit and hear someone discuss it and the say, “Oh, ok, this is how this would work with what we are doing” ... for someone to say, “These are the things we found. This is what it means, and you know, we also found this that might have something to do with your area.” (DB051605C7114-121)

I think that we probably did not go into the team leader meetings and have a focus and really get work done.... If we would have had a focus saying, “Ok, this team leader meeting, or this meeting that we are going to have, this is our primary focus: we are going to go back, and we are going to revisit the leadership section.... So, before you come in, read that section. We are all going to talk about this so if there are any changes that you think need to take place or some things that you would give to this Category to take back and revamp.” I think that would work.... I think that probably would have been a better process. (DA033005C2139-149)

The self-study manual must be as user friendly as possible. The training facilitator and researcher recognized that the use of sentence stems had not worked as a good level two or “Progress level” self-assessment and that the basic “how” or “what” questions would have been a better fit. As Moore (1996) described, the real power in using the Baldrige Criteria is the description of “how” an organization approaches each category so the discussion focuses on processes and systems rather than a description of activities and programs. Since language was such a big part of participants’ challenge with using the TAPEE, the structure of how the questions are asked must not be an additional stumbling block.

All staff participate must participate in CPR. Department B’s Director remained convinced that all staff should not have been involved in its process. Department A’s

Director made sure that all staff were involved. Participants liked the two day self-assessment retreat and spoke to the sense of teamwork and the holistic understanding of the department. As the process took its toll in time and effort, some participants believed that it should rest on volunteers. From the researcher's vantage point as observer and interviewer, there was no doubt that the process should begin with full staff involvement. Many of the attitudes that plagued Department B's self-study process were about staff who had not been involved in the two day self-assessment retreat. Ludeman and Fisher (1989) concluded the discussion on their suggested CPR model by asserting that "... all departmental staff members be active participants in CPR" (p. 253). Ostroth's (1996) use of the Ludeman and Fisher model was preceded by the decision that all staff at all levels were to be involved because full staff participation and consensus were primary goals. Ostroth also concluded that CPR offered a vehicle for staff training, team building, staff engagement and empowerment in problem solving and decision making and an opportunity to build capacity and understanding of outcomes assessment.

Recommendations for Further Study

A means to assess departmental readiness or maturity would be an asset to a CPR model. This study and the comparison between the two departments affirmed the importance of this task. One approach could be the questions Bryan (1996) offered as considerations before implementing a quality approach. Designing a survey to determine departmental maturity and readiness for the TAPEE might be another approach.

Further research is needed on alternative ways of approaching CPR when the department under study is made up of very diverse work groups with distinctly different missions. As Ostroth (1996) indicated, programmatic units within a department might perform a detailed analysis of their own unit when the department was either large or diverse enough to make CPR cumbersome. Ostroth also cautioned, however, that:

Each unit head must therefore make strategic decisions about how to aggregate organizational areas when planning CPR-TQM cycles. Though detailed analysis may be best done in smaller, more homogeneous units, it is essential that the functions reporting to a major department chair or unit head be considered as a whole when making quality improvements. (p. 5)

Exactly *how* a department chair or unit head considers the whole or aggregates diverse components units when making quality improvements is also part of this research.

An area for additional research concerns the role of organizational culture in the implementation of a quality process. The question is whether a student affairs department can use a quality model if the department is not prepared to support an ongoing quality process. In other words, is using a quality model in a non-quality environment a misunderstanding of the basic values and concepts of the TAPEE? Furthermore, can quality processes exist successfully in individual departments within a non-quality divisional environment?

Several of the literature sources in this study describe the important role that leaders perform in providing the vision and support for quality processes (AQIP, n.d.c; Deming, 1986; Howard, 1996; Hubbard & Oehler, 2005). These leaders are generally institutional leaders or leaders of major institutional units. Can a CPR based

on the TAPEE serve as an effective and relevant process in student affairs departments without divisional leadership embracing its core values? Are there intrinsic leadership approaches that a departmental leader must embrace to insure the success of a quality process like the TAPEE?

It would be important not only to replicate this study with other departments after the changes and improvements suggested by participants and the researcher are made, but also to follow the departments in this study to understand the longitudinal impact of the CPR process on organizational learning and change. Although this study focused on the self-study portion of a comprehensive program review, external and internal reviews are essential component parts. It would be valuable to study a CPR based on the TAPEE from the training that initiates the process through a self-study to an external review and finally to departmental action plans.

Finally, additional research on the training aspect of a TAPEE based CPR is needed. How many challenges to this study could be eliminated or reduced with a restructured training approach? The question is how much and for how long training to quality concepts and principles is needed to inform and prepare participants about to embark on a TAPEE self-assessment. How much additional support would be provided if the facilitator(s) of the process had Baldrige or TAPEE examiner training? It was clear from this study that the two-day self-assessment retreat was a powerful training event for the participants in both departments. Discovering what continuing training approaches could nurture the process as it unfolds through the leadership and Category teams would provide needed support and appreciation for departmental staff who carry the responsibilities for informing organizational learning.

Reflections

The literature on naturalistic inquiry and the difficulty of doing research “in your own backyard” was informing and prophetic (Jones, 2002; Magolda & Weems, 2002). The concerns articulated were in some measure effectively countered through prolonged engagement and through a case study of two diverse departments. The convenience sample did cause the researcher to be short-sighted or at least not more probative about Department B’s readiness for the type of self-assessment they would experience with TAPEE. Role conflicts for the researcher as both researcher and participant were a constant challenge. As Merriam (1998) suggested,

... An observer cannot help but affect and be affected by the setting, and this interaction may lead to a distortion of the situation as it exists under non-research conditions. The schizophrenic aspect of being at once participant and observer is a by-product of this method of data collection and is a problem not easily dealt with. (p. 111)

Magolda and Weems (2002) shed light on other considerations for naturalistic researchers that became an issue in this study. Magolda and Weems suggested that respondents do not always realize potential harm to themselves. Respondents can give permission to use the observations and interviews and still not realize how they may be perceived as a result. It is also difficult to disguise individual participant identities from insiders. This researcher was very cognizant of these realities as she began to write her results. Although a respondent review group verified the researcher’s developing themes, they did not read the final report and the aggregate themes based on quotations from individual participants.

Magolda and Weems (2002) also focused on potential harmful consequences to the community under study—members of which may not have been part of the study. They asked researchers to consider how the data might be heard, misread or misappropriated. Specifically they asked, “How will including this data affect the individual or community under study?” (p. 503). These considerations led the researcher to recognize that the study would have been enriched by interviewing staff members who were not part of the leadership of the CPR process.

Lincoln and Guba (as cited in Denzin & Lincoln, 2005) spoke specifically to this issue.

Fairness was thought to be a quality of balance; that is, all stakeholder views, perspectives, claims, concerns, and voices should be apparent in the text. Omission of stakeholder or participant voices reflects, we believe, a form of bias. This bias, however, was and is not related directly to the concerns of objectivity that flow from positivist inquiry and that are reflective of inquirer blindness or subjectivity. Rather, this fairness was defined by deliberate attempts to prevent marginalization, to act affirmatively with respect to inclusion, and to act with energy to ensure that all voices in the inquiry effort had a chance to be represented in any texts and to have their stories treated fairly and with balance. (p. 207)

As the design of this study unfolded, the researcher should have recognized the need to interview other staff members to fully understand their stories concerning the CPR process and the use of the TAPEE.

Magolda and Weems (2002) provided one additional caution. They asked the naturalistic researcher to consider how certain representations facilitated, enhanced, or jeopardized his or her own legitimacy. Many times in the writing of the results and recommendation chapters of this study, the researcher asked herself those questions. The charge to represent the story as told to her by the participants demanded honesty

and integrity. That would have been an easier task if not for the constant questions about the impact of this story on the participants and the researcher's continuing relationship with them.

Despite these caveats, what remained with the researcher is that she would not have known as much as she came to know about a CPR based on the TAPEE criteria or have been able to redesign and lead this initiative in student affairs in the future if she had not done it with the thoroughness of a case study. Truly sustained engagement with the participants, both through observations and interviews, allowed the researcher to understand what it meant for the participants to be in this setting, what it was like to be doing this work, what meanings they derived from it, and what their work life was like during the process.

Closing

One final note is appropriate to bring closure to this study. The writing of this study was not just an aggregation of the notes, interviews, observations and possibilities suggested by the participants. It also was, as Lincoln and Guba (1985) suggested, a discovery of the subject and a discovery of the self. It is a humbling experience to recognize one's own weaknesses. Although this researcher teaches others how to interview and conduct focus groups, she often failed to follow her own advice during the interviews she conducted. Reading interview transcripts taught the researcher that she talked too much and engaged in conversation rather than nurturing the participants' thoughts and expressions. She also realized that letting emergent design take away from the focus on one's research questions would provide

challenges in writing a study for a dissertation. Ultimately she came to relearn a foundational principle—that she was on a life time journey of improvement.

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APPENDIX A
TRAINING MANUAL

INTRODUCTION

History of Comprehensive Program Review in the Division of Student Affairs

The purpose of this manual is to provide a framework for departments who are continuing their journey of continuous improvement through self-assessment. The journey began in the Division of Student Affairs in the Fall of 1997 when Comprehensive Program Review (CPR) was introduced into the Division and piloted by the Department of Student Life. This stage of CPR (Stage 1) will be completed in the Division of Student Affairs when Student Life Studies and University Art Collections and Exhibits complete their individual CPR processes (2003-2004).

CPR, Stage 2, is based on the 2004 Malcolm Baldrige National Quality Award (MBNQA) Education Criteria for Performance Excellence and the Texas Award for Performance Excellence Education Criteria (TAPEE). It builds on the outcomes of a department's CPR, Stage 1, and moves from description extensive (Stage 1) to evaluation extensive (Stage 2) processes and outcomes. CPR, Stage 2, leads to planning and implementing incremental actions and cycles of improvements.

Every department in the Division of Student Affairs at Texas A&M University wants to satisfy its students and stakeholders, and every department wants to achieve state-of-the art results. Achieving both requires an organization that can perform consistently, is aligned throughout the organization, can be innovative, and can react quickly to a changing environment. It also requires a motivated, well trained, committed, and passionate staff. Continuous improvement becomes a way of life.

CPR, Stage 1, was the first step for the Division of Student Affairs and its departments in becoming a continuously improving organization. Understanding what our departments do was the first step in improving what we do. CPR, Stage 1 and Stage 2 are built on self- assessment as a team-based tool, not a top-down evaluation. Top-level commitment from departmental leadership and Divisional leadership is imperative to follow through with the actions that come out of self-assessment.

Comprehensive Program Review Stage 2: The Self-Assessment Process At A Glance

This self-study manual is designed to be both an educational tool and an assessment tool for Student Affairs departments. The steps for self-assessment are basic, and purposefully kept simple in this particular approach. The questions on the following pages are designed to provoke responses that identify your department's strengths and target opportunities for improving processes and results that affect students and stakeholders. You also will create action plans to address the improvements necessary to improve the performance of your department.

As an overview, following are the steps to be taken in this manual:

1. Identify your key organizational/departmental factors and challenges – the Departmental Profile
2. Identify findings and recommendations made during previous reviews and the department's subsequent follow through.
3. Complete a self-assessment in seven categories and subcategories to include:
 - Departmental leadership
 - Strategic planning
 - Student, stakeholder and future student focus
 - Information and analysis
 - Staff focus
 - Process management

- Departmental performance results
4. Summarize your most significant opportunities for improvement
 5. Establish an action plan for improvement based on these opportunities
 6. Plan and execute a site review process
 7. Follow up and integrate the site review recommendations and the department's action plan for improvement

CORE VALUES, CONCEPTS AND FRAMEWORK

The Criteria for Performance Excellence goals are designed to help departments use an aligned approach to departmental performance management that results in

- delivery of ever-improving value to students and stakeholders, contributing to improved education quality at Texas A&M University
- improvement of overall departmental effectiveness and capabilities, and
- departmental and personal learning

The Criteria are built upon a set of Core Values and Concepts. These values and concepts are the foundation for integrating key departmental requirements within a results-oriented framework. The Texas Quality Awards and the National Quality Program (Baldrige) identifies these values and concepts as the embedded behaviors found in high performing organizations.

Core Values and Concepts:

Visionary Leadership: A department's senior leaders should set directions and create a student-focused, learning-oriented climate, clear and visible values and high expectations. The directions, values, and expectations should balance the needs of all your stakeholders. Your leaders should ensure the creation of strategies, systems, and methods for achieving excellence, stimulating innovation, and building knowledge and capabilities. The values and strategies should help guide all activities and decisions of your organization. Senior leaders should inspire and motivate all staff, encouraging them to contribute, to develop and learn, to be innovative, and to be creative. Senior leaders should be responsible to Vice President of Student Affairs for their actions and their performance. Ultimately the Vice President should be responsible to all stakeholders for the ethics, vision, actions, and performance of your department and its senior leaders.

Your senior leaders should serve as role models through their ethical behavior and their personal involvement in planning, communications, coaching, development of future leaders, review of departmental performance, and staff recognition. As role models, they can reinforce values and expectations while building leadership, commitment, and initiative throughout the department.

In addition to their important role within the department, senior leaders have other avenues to strengthen student learning and development. Reinforcing the learning environment in the department might require building support external to the department and aligning community and University leaders and services with this aim.

Each department in the Division of Student Affairs defines "senior leadership" uniquely. In some cases this might be the director and associate and assistant directors. In other departments it might include coordinators of programs and services. It is the purview of each department to define senior leadership and to include this description in the body of the document where appropriate.

Student Learning and Development-Centered Education: In order to develop the full potential of all students, educational organizations need to afford them opportunities to pursue a variety of avenues to success. Student learning and development-centered education supports this goal by placing the focus of education on learning and the real needs of students. Such needs derive from an understanding of student development theory and the particular needs of the Texas A&M student body.

A student learning and development-centered organization needs to fully understand these requirements and translate them into appropriate developmental experiences. For example, changes in technology and in the national and world economies are creating increasing demands on employees to become knowledge workers and problem solvers, keeping pace with the rapid market changes. Most analysts conclude that, to prepare students for this work environment, education organizations of all types need to focus more on students' active learning and on the development of problem-solving skills. Working in teams is one "best practice" approach to assuring shared understanding, program design and implementation built around student learning and development. Student Affairs programs, services and activities need to be built around effective learning and effective program planning needs to stress promotion of learning and achievement.

Student learning and development-centered education is a strategic concept that demands constant sensitivity to changing and emerging student, stakeholder, and future student requirements and to the factors that drive student learning, satisfaction, and persistence. It demands anticipating changes in the education environment, as well as rapid and flexible responses to student, stakeholder, and future student requirements.

Effective student learning and development-centered education is the basis for The Southern Association of Colleges and Schools (SACS) accreditation and the foundation for Texas A&M University's Quality Enhancement Plan (QEP).

Key characteristics of learning-centered education include the following:

- High developmental expectations and standards are set for all students
- Staff understands that students may learn in different ways and at different rates. Student learning rates and styles may differ over time and may vary depending on the student. Student learning and development may be influenced by support, guidance, and climate factors. Thus, the student learning and development-centered organization needs to maintain a constant search for alternative ways to enhance learning and development. Also, the organization needs to develop actionable information for individual students that bear upon their learning and development.
- A primary emphasis on active learning is provided. This may require the use of a wide range of techniques, materials, and experiences to engage student interest. Techniques, materials, and experiences may be drawn from external sources such as businesses, community services, or social service organizations.
- Formative assessment is used to measure learning early in the learning process and to tailor learning experiences to individual needs and learning styles
- Summative assessment is used to progress against key, relevant external standards and norms regarding what students should know and should be able to do such as those used in the CAS (Council for the Advancement of Standards) model or those provided by accrediting bodies, theoretical models, or professional organizations.
- There is a focus on key transitions such as high school-to-college and college-to-work.

Organizational and Personal Learning: Achieving the highest levels of performance requires a well-executed approach to organizational and personal learning. Organizational learning includes both continuous improvement of existing approaches and adaptation to change, leading to new goals and/or approaches. Learning needs to be embedded in the way your department operates. This means that learning (1) is a regular part of the daily work of all students and staff; (2) is practiced at personal,

work unit and departmental levels; (3) results in solving problems at their source (“root cause”); (4) is focused on sharing knowledge throughout your organization; and (5) is driven by opportunities to effect significant change and to do better. Sources for learning include staff ideas, education and learning research findings, student and stakeholder input, best practice sharing, and benchmarking.

Improvement in education requires a strong emphasis on effective design of services, programs, curricula, and learning environments. The overall design should include clear program and learning objectives, taking into account the individual needs of students. Design must also include effective means for gauging student progress and program/department effectiveness. A central requirement of effective design is the inclusion of an assessment strategy. This strategy needs to emphasize the acquisition of formative information – information that provides an early indication of whether or not learning is taking place or the goals of the program, service or activity are being met – to minimize problems that might arise if learning and effectiveness barriers are not promptly identified and addressed.

Staff success depends increasingly on having opportunities for personal learning and practicing new skills. Departments invest in personal learning of staff through education, training, and other opportunities for continuing growth. Such opportunities might include job rotation and increased pay for demonstrated knowledge and skill and may benefit from advanced technologies, such as computer- and Internet-based learning and satellite broadcasts.

Personal learning can result in (1) more satisfied and versatile staff who stay with the department, (2) organizational cross-functional learning, and (3) an improved environment for innovation.

Thus, learning is directed not only toward better programs and services but also toward being more responsive, adaptive, and flexible to the needs of students, future students and stakeholders.

Valuing Staff and Partners: A department and the Division of Student Affairs depends increasingly on the knowledge, skills, creativity, and motivation of its staff and partners. Valuing staff means committing to their satisfaction, development, and well-being. Increasingly, this involves more flexible work practices tailored to staff with diverse workplace and home life needs. Development means building not only job (practice) knowledge but also knowledge of student learning styles, program outcomes and of assessment methods. Increasingly, training, education, development, and organizational structure need to be tailored to a more diverse workforce and to more flexible, high performance practices.

Major challenges in the area of valuing include:

- Demonstrating your leaders’ commitment to the success of staff
- Providing recognition that goes beyond the regular compensation system
- Ensuring development and progression within the department or Division
- Sharing your department’s knowledge so the staff can better serve your students and stakeholders and contribute to achieving strategic objectives, and
- Creating an environment that encourages creativity

Departments need to build internal and external partnerships to better accomplish overall goals. Internal partnerships might include cooperation among programs and services within the department and staff development, cross-training, or new departmental structures such as high-performance work teams. Internal partnerships also might involve the creation of network relationships among work units to improve flexibility, responsiveness, and knowledge sharing. External partnerships might include faculty and other staff in the academic support service area, other

universities, businesses and community and social service organizations – all stakeholders and potential contributors.

Successful internal and external partnerships develop longer-term objectives, thereby creating a basis for mutual investments and respects. Partners should address the key requirements for success, means for regular communication, approaches to evaluating progress, and means for adapting to changing conditions.

Agility: Agility requires a capacity for faster and more flexible response to the needs of students and stakeholders. All aspects of time performance should be among a department's key process measures. (Process measures are defined as the measures that are identified and used as indications of how a specific process is performing.) Important benefits from a focus on time are simultaneous improvements in organization, quality and cost.

Focus on the Future: A focus on the future requires understanding the short- and longer-term factors that affect your department and the education future student. Pursuit of educational excellence requires a strong future orientation and a willingness to make long-term commitments to students and key stakeholders. Your department's planning should anticipate many factors, such as changes in program and service requirements, production approaches, resource availability, student/stakeholder expectations, new partnering opportunities, technological developments, the evolving Internet environment, new student and future student segments, demographics, community/societal expectations, and strategic changes by comparable organizations. Strategic objectives and resource allocations need to accommodate these influences. A major longer-term investment associated with your department's improvement is the investment in creating and sustaining a mission-oriented assessment system focused on learning. This entails staff education and training in assessment methods. In addition, the department's leaders should be familiar with research findings and practical applications of assessment methods and learning style information. A focus on the future includes developing staff, creating opportunities for innovation, and anticipating public responsibilities.

Managing for Innovation: Innovation means making meaningful change to improve a department's programs, services, and processes and to create new value for the department's stakeholders. Innovation should lead your department to new dimensions of performance. Innovation is no longer strictly the purview of research; innovation is important for providing ever-improving educational value to students and for improving all educational and operational processes. Departments should be led so that innovation becomes part of the culture and is integrated into that work.

Management by Fact: Organizations depend on the measurement and analysis of performance. Such measurements should drive from a department's needs and strategy, and they should provide critical data and information about key processes and results. Many types of data and information are needed for performance management. Performance measurement should focus on student learning, which requires a comprehensive and integrated fact-based system – one that includes input data, environmental data, performance data, comparative/competitive data, data on staff, cost data, and operational performance measurement. Measurement areas might include students' backgrounds, learning styles, aspirations, academic strengths and weaknesses, educational progress, program and classroom (where appropriate) learning, satisfaction with services and instruction (where appropriate), extracurricular activities, participation rates, and post graduation success.

"Analysis" refers to extracting larger meaning from data and information to support assessment, planning and decision-making, improvement and change. Analysis entails using data to determine trends, projections, and cause and effect that might not otherwise be evident. Analysis supports a variety of purposes, such as planning, reviewing your overall performance, improving operations, change management, and comparing your performance with comparable organizations or with "best practices" benchmarks.

A major consideration in performance improvement and change management involves the selection and use of performance measures or indicators. *The measures or indicators you select should best represent the factors that lead to improved student, operational, and financial performance. A comprehensive set of measures or indicators tied to student, stakeholder, and/or departmental performance requirements represents a clear basis for aligning all activities with your department's goals. (Examples of performance measures are provided in departmental Institutional Effectiveness documents for the University's Quality Enhancement Plans.)* Through the analysis of data from your tracking processes, your measures or indicators themselves may be evaluated and changed to better support your goals.

Social Responsibility: A department's leadership should stress responsibilities to the public, ethical behavior in the treatment of students and stakeholders, and the need to practice good citizenship. Leaders should be role models for the department in focusing on ethics, integrity and the respect and protection of public health, safety, and the environment. Protection of health, safety, and the environment includes your department's operations. Planning should anticipate adverse impacts that might arise in facilities management and transportation. Effective planning should prevent problems, provide for a forthright response if problems occur, and make available information and support needed to maintain student and stakeholder awareness, safety, and confidence.

Departments should not only meet all local, state, and federal laws and regulatory requirements, but they should treat these and related requirements as opportunities for improvement "beyond mere compliance." Departments should stress ethical behavior in all student and stakeholder transactions and interactions.

Focus on Results and Creating Value: A department's performance measurements need to focus on key results. Results should be used to create and balance value for your students and key stakeholders – the Texas A&M community, employers, faculty, staff, and partners. By creating value for students and stakeholders, your department contributes to improving overall education performance and builds loyalty. To meet the sometimes conflicting and changing aims that balancing value implies departmental strategy should explicitly include student and key stakeholder requirements. This will help ensure that actions and plans meet differing student and stakeholder needs and avoid adverse impacts on any students and/or stakeholders. The use of a balanced composite of current and past performance measures offers an effective means to communicate short- and longer-term priorities, monitor actual performance, and provide a clear basis for improving results. These measures are what your department uses to know you are making progress to your goal and when it is necessary to make adjustments.

Systems Perspective: The Criteria provide a systems perspective for managing your department to achieve performance excellence. The Core Values and the seven Categories form the building blocks and integrating mechanism for the system. However, successful management of overall performance requires department-specific synthesis and alignment. Synthesis means looking at your department as a whole and builds upon key programmatic requirements, including your strategic objectives/initiatives and action plans. Alignment means using the key linkages among requirements given in the Categories to ensure consistency of plans, processes, measures, and actions.

Thus, a systems perspective means managing your whole department, as well as its individual service or program areas, to achieve success.

PERFORMANCE EXCELLENCE FRAMEWORK

The Core Values and Concepts are embodied in seven Categories, as follows:

1. Leadership

2. Strategic Planning
3. Student, Stakeholder, and Future Student Focus
4. Measurement, Analysis, and Knowledge Management
5. Staff Focus
6. Process Management
7. Departmental Performance Results

The figure on page 11 provides the framework for connecting and integrating the Categories.

From top to bottom, the framework has the following basic elements.

Departmental Profile

Your Departmental Profile (top of figure) sets the context for the way your department operates. Your environment, key working relationships, strategic challenges and previous recommendations and follow through from your last Comprehensive Program Review serve as an overarching guide for your departmental performance management system.

Systems Operations

The system operations are composed of the six categories in the center of the figure that define your operations and the results you can achieve.

Leadership (Category 1), Strategic Planning (Category 2), and Student, Stakeholder, and Future Student Focus (Category 3) represent the leadership triad. These Categories are placed together to emphasize the importance of a leadership focus on strategy and on students and stakeholders. Senior leaders set your departmental direction and seek future opportunities for your department.

Staff Focus (Category 5), Process Management (Category 6) and Departmental Performance Results (Category 7) represent the results triad. Your department's staff and its key processes accomplish the work of the department that yields your performance results.

All actions point toward Departmental Performance Results – a composite of student, stakeholder, budgetary, financial, and operational performance, including results related to staff and to being accountable.

The horizontal arrow in the center of the framework links the leadership triad to the results triad, a linkage critical to departmental success. Furthermore, the arrow indicates the central relationship between Leadership (Category 1) and Departmental Performance Results (Category 7). The two-headed arrow indicates the importance of feedback in an effect performance management system.

System Foundation

Measurement, Analysis, and Knowledge Management (Category 4) are critical to the effective management of your department and to a fact-based system for improving performance. Measurement, analysis, and knowledge serve as a foundation for the performance management system.

Criteria Structure

The seven Criteria Categories shown in the figure are subdivided into Item and Areas to Address.

Items

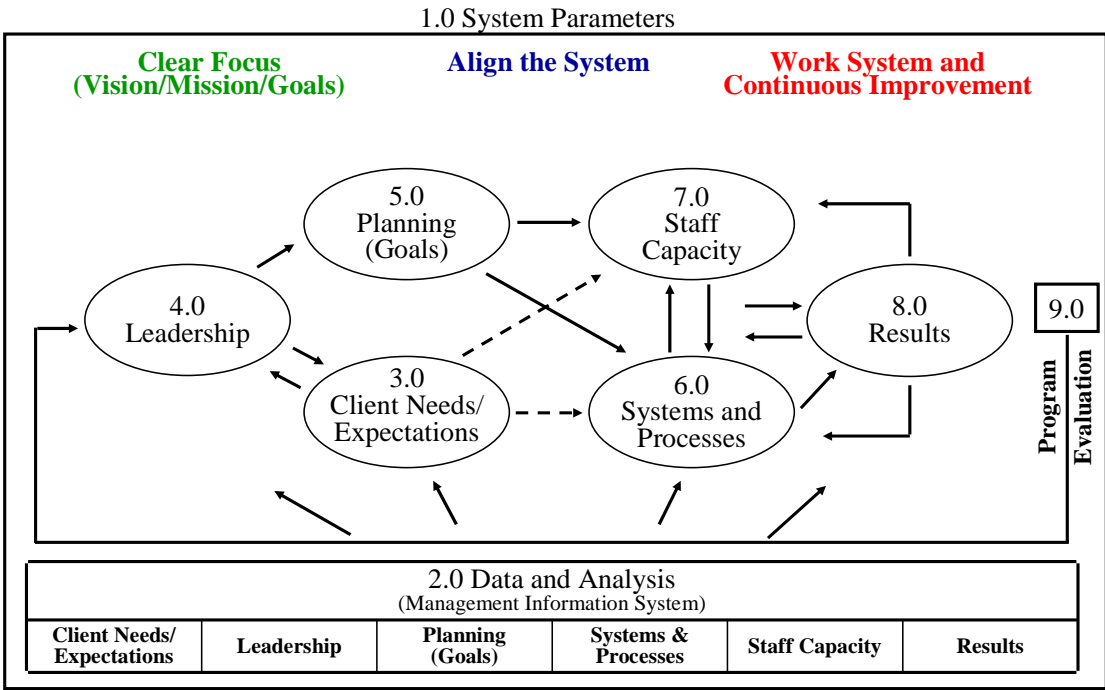
There are 19 items, each focusing one of the major requirements. Item titles and percent of effort to the total document are found on page 22. The item format is shown on page 99.

Areas to Address

Items consist of one or more Areas to Address (Areas). Departments should address their responses to the specific requirements of these Areas.

**Criteria for Performance Excellence Framework:
A Systems Perspective**

Developed by Dr. Bryan Cole, Texas A&M University



KEY CHARACTERISTICS OF THE CRITERIA

1. The Criteria focus on departmental performance results

The Criteria focus on the key areas of departmental performance:

- Student learning and development results, as appropriate
- Student-and-stakeholder focused results
- Budgetary and financial results
- Staff results
- Departmental effectiveness results, including key internal operational performance results
- Governance and social responsibility results

The use of this composite of indicators is intended to ensure that strategies are balanced – that they do not inappropriately trade off among important stakeholders, objectives, or short- and longer-term goals.

2. The Criteria are nonprescriptive and adaptable.

The Criteria are made up of results-oriented requirements. However, the criteria do not prescribe

- that your department should or should not have programs for quality, planning, or other functions;
- how your department should be structured; or
- that different programs and services in your department should be managed in the same way

These factors are important. However, they differ among departments, and they are likely to change as needs and strategies evolve.

The Criteria are nonprescriptive for the following reasons:

- 1) The focus is on results, not on procedures, tools, or departmental structure. Departments are encouraged to develop and demonstrate creative, adaptive and flexible approaches for meeting basic requirements. Nonprescriptive requirements are intended to foster incremental and major (“breakthrough”) improvements, as well as basic change.
- 2) Selection of tools, techniques, systems, and departmental structure usually depends on factors such as departmental mission and size, departmental relationships, stage of development, and staff capabilities and responsibilities.
- 3) Focus on common requirements, rather than on common procedures, fosters better understanding, communication, sharing, and alignment within the Division of Student Affairs while supporting innovation and diversity in approaches.

3. The Criteria support a systems perspective to maintaining department-wide goal attainment.

The systems perspective to goal alignment is embedded in the integrated structure of the Core Values and Concepts, the Departmental Profile, the Criteria, and the results-oriented, cause-effect linkages among the Criteria Items.

Alignment in the Criteria is built around connecting and reinforcing measures derived from your department's processes and strategy. These measures tie directly to student and stakeholder value and to overall performance. The use of measures channels different activities in consistent directions with less need for detailed procedures, centralized decision making, or process management. Measures thereby serve both as a communications tool and as a basis for deploying consistent overall performance requirements. Such alignment ensures consistency of purpose while also supporting agility, innovation, and decentralized decision-making. In other words, the context for the Criteria is a systems or departmental perspective. As you work to improve the department, synergy comes from all staff and programs integrating with one another. How you align them all is the strategy you employ to ensure support and achieve your goals.

A systems perspective to goal alignment, particularly when strategy and goals change over time, requires dynamic linkages among Criteria items. In the Criteria, action-oriented cycles of organizational learning take place via feedback between processes and results.

The learning cycles have four clearly defined stages:

- (1) planning, including design of processes, selection of measures, and deployment of requirements
- (2) execution of plans
- (3) assessment of progress, taking into account internal and external results
- (4) revision of plans based upon assessment findings, learning, new inputs, and new requirements

4. The criteria support goal-based diagnosis.

The Criteria and the self-assessment guidelines make up a two-part diagnostic (assessment) system much like the Council for Advancement of Standards (CAS) in Higher Education Standards and Guidelines. The Criteria are a set of 19 performance-oriented requirements organized into 7 categories based on the core values. The self-assessment guidelines spell out the assessment dimensions – approach, deployment, and results – and the key factors used to assess each dimension. An assessment thus provides a profile of strengths and opportunities for improvement relative to the 19 basic requirements. In this way, assessment leads to actions that contribute to performance improvement in all areas. The diagnostic assessment is a useful management tool that goes beyond CPR Stage 1 performance reviews and is applicable to a wider range of strategies and management systems within the Division of Student Affairs.

INTEGRATION OF THE TEXAS QUALITY AWARDS AND KEY THEMES FOR STUDENT AFFAIRS AT TEXAS A&M UNIVERSITY

For the adaptation of the Criteria for Performance Excellence to education and the adaptation in this manual to the Division of Student Affairs at Texas A&M University, several important concepts have been given careful consideration and addressed throughout the Criteria.

Mission Specificity

Although departments in the Division of Student Affairs share a common mission, vision, goals and core values, individual departmental missions, roles, and programs vary greatly. Use of a single set of Criteria to cover all your departmental requirements means that these requirements need to be interpreted in terms of your own departmental mission. This is necessary because specific requirements and critical success factors differ from department to department. For this reason, effective use of the Criteria depends on putting these mission requirements into operation consistently across the seven Categories of the Criteria framework. In particular, Strategic Planning (Category 2) needs to address your key mission requirements (those that are part of the Division's Strategic Planning document and those that are specific to your department) because they set the stage for the interpretation of your other requirements. For example, results reported to Departmental Performance Results (Category 7) need to reflect results consistent with your department's mission and strategic objectives.

The Education Criteria for the Texas Quality Awards are most explicit in the area of student learning, as this requirement is common to all educational institutions regardless of their mission. Student learning also is a requirement of the Southern Association of Colleges and Schools (SACS) and the imbedded motivator in the Texas A&M University's Quality Enhancement Plan (QEP). Despite this commonality, the focus on student learning and development depends upon your departmental mission. Many departments in Student Affairs have program and performance outcomes in greater array than specific student learning outcomes. For example, results reported to Special Event Facilities, University Art Collections and Exhibitions, and Student Activities would be expected to differ because they would reflect the unique missions of those departments. Nevertheless, all three departments would be expected to show year-to-year improvements in their mission-specific results to demonstrate the effectiveness of their performance improvement efforts.

Customers

The Criteria for Performance Excellence use the generic term "customers" to describe the users of products and services. Although success depends heavily on user preference, other stakeholders must be considered as well when setting overall departmental requirements. In this Comprehensive Program Review Criteria for Student Affairs, the focus is on students and stakeholders, the key beneficiaries of programs, offerings, and services.

As with businesses and institutions of higher education, student affairs departments must respond to a variety of requirements – all of which should be incorporated into responses in the Criteria presented here. The adaptation of the Criteria to education and to the Division of Student Affairs at Texas A&M University includes a specific approach for defining key student requirements. This approach distinguishes between student and stakeholders for purposes of clarity and emphasis. Stakeholders include but are not limited to parents; employers; other Student Affairs departments; other divisions within Texas A&M University, specifically Academic Affairs; other users of facilities and services; accrediting bodies; and the local Bryan/College Station community. The requirements for current students differ from those for future students. Requirements for current students are more concrete, specific, and immediate; if determining requirements for future students is part of a department's planning, it should take into account changing student populations and changing requirements future students must be able to meet. A major challenge that Texas A&M University faces is "bridging" current student needs and the needs of future students. This requires an effective organizational

learning and change strategy. For departments in the Division of Student Affairs for whom the requirements of future students are a major import, you must respond to the Criteria by incorporating future students into your considerations and show how you collaborate within the institution to be successful.

Departments must also address the variety of requirements of their various stakeholders. Stakeholders' requirements are of two types: (1) requirements directly related to your department's programs and services and (2) requirements of the stakeholders themselves. For example, an accrediting body might request that Student Health Services provide laboratory services to meet certain standards (type 1), and that Student Health Services renew their accreditation every 3 – 5 years (type 2). Many of the needs of stakeholders are actually needs that must be addressed in your department's services for students. The Criteria place primary emphasis on such needs because your department's success depends heavily on translating these needs into effective services and experiences. In addition, successful operation of a department may depend on satisfying accreditation, environmental, legal and other requirements.

Thus, meaningful responses to Criteria need to incorporate all relevant requirements that organizations must meet to be successful.

Concept of Excellence

The concept of excellence built into the Criteria is that of “value-added” demonstrated performance. Such performance has two manifestations: (1) year-to-year improvement in key measures and indicators of performance, especially student learning and development, as appropriate, and (2) demonstrated leadership in performance and performance improvement relative to comparable organizations and to appropriate benchmarks. Appropriate benchmarks may be provided by the CAS Standards for Excellence in Higher Education, the Big 12, specialized professional organizations such as ACUHO – I (American College and University Housing Officers – International), ACUI (Association of College Unions International), ASJA (Association of Student Judicial Affairs), NODA (National Orientation Directors Association), NURSA (National University Recreational Sports Association), and the major student affairs professional organizations, NASPA (National Association of Student Personnel Administrators) and ACPA (American College Personnel Association).

This concept of excellence is used because (1) it places the major focus on learning and development strategies; (2) it poses similar types of challenges for all departments regardless of resources and incoming student preparation and abilities; (3) it is most likely to stimulate student learning and development-related research and to offer a means to disseminate the results of such research; and (4) it offers the potential to create an expanding body of knowledge of successful learning and development practices for student affairs.

The focus on value-added contributions by your department does not presuppose manufacturing-oriented, mechanistic, or additive models of student development. Also, the use of a value-added concept does not imply that your department's management system should include documented procedures or attempt to define “conformity” or “compliance.” Rather, the performance concept means that your department should view itself as a key developmental influence on students (thought not the only influence) and that your department should seek to understand and optimize its influence factors, guided by an effective assessment strategy.

Assessment Strategy

Central and crucial to the success of the concept of excellence is a well-conceived and well-executed assessment strategy. The characteristics of such a strategy should include the following:

- Clear ties should be established between what is assessed and your department's mission and objectives/initiatives. This means not only what your students know but what they are able to do or what your program is to accomplish.
- There should be a strong focus on improvement – of your students' performance and your department's performance.
- An embedded, ongoing assessment with prompt feedback should be an integral component.
- The assessment also should be based on appropriate criteria and address your key learning and development goals and your overall performance requirements.
- Clear guidelines should be established regarding how your assessment results will be used and how they will not be used.
- There should be an ongoing evaluation of your assessment system itself to improve the connection between assessment and student success. Success factors should be developed on an ongoing basis based on changing student needs and from current theory and grounded theory.

Primary Focus on Learning and Development

Although the Texas Quality Education Criteria and this adaptation for the Division of Student Affairs at Texas A&M University is intended to address all departmental and divisional requirements, primary emphasis is placed on student learning and development and program outcomes. This is done for two main reasons:

- (1) Teaching and learning are the principal goals of educational organizations. Concentrating on student learning and development and program outcomes bring Student Affairs departments closer to the academic mission of the institution.
- (2) Student learning and development and program outcomes are the principal emphasis for SACS accreditation and the University's QEP and therefore influence strategic directions for the Division of Student Affairs.

INSTRUCTIONS

This manual contains areas to address for each of the seven Categories of the Criteria. Incomplete sentences are your clue that something needs to be written. For instance, in Category 1, Item 1.1a, the questions is "*Our senior leaders set and deploy departmental values, short- and longer-term directions, and performance expectations that balance the needs of students and other stakeholders by...*" You are to complete the sentence describing how senior leaders accomplish setting and deploying values, directions and expectations that balance needs. Complete each sentence in each Item the same way. At the end of each Item is an opportunity to "score" the Item.

On pages 19 and 20 scoring guidelines are presented to help you with the scoring. Page 19 is the Approach and Deployment scoring guidelines for Categories 1 – 6. The Results scoring guidelines are on page 20 and are used only for Category 7. Simply circle the appropriate scoring range indicator (i.e., Not Addressed, Needs Improvement, Addressed, Addressed Well, Awesome!) that you think best describes, in Scoring Guidelines terms, how you address the Item or Category.

At the end of each Category, there is a Category Summary worksheet for you to identify Strengths and Opportunities for Improvement based on your responses to the questions in that Category. Identify what you feel are the most significant successes and the most significant opportunities for improvement in your department's quest for excellence.

Tips for effective identification of opportunities for improvement:

- ❖ Refer to your previously developed and documented Departmental Profile. The most important gaps and improvement opportunities to address should be those that have the most direct impact on accomplishing **your** key objectives within the framework of **your** department's operating environment.
- ❖ Remember, any department can fully focus on only a few key improvement actions at any given time.
- ❖ You are searching for the highest leverage improvements in the shortest period of time; again, depending on the needs of your department.
- ❖ As you review the opportunities for improvement after each Category, are there cross cutting issues, or common themes starting to develop across the 7 Categories? Are there key issues that Divisional management has identified as being currently top priority?
- ❖ Prioritizing through self-study team meetings and brainstorming is usually the fastest and most effective method to be used here. Then go back a few days later and reprioritize to ensure full input.

Try to limit your responses in each of these Opportunity for Improvement sections to the 3 or 4 most significant comments that will help your organization the most. Then use your identified Opportunities for Improvement to fill in the block for "Actions" at the end of each Category. You can use this as a tool to identify and track Actions for Improvement.

Some additional tools are presented at the end of the workbook, starting on page 82. Use the worksheet on page 83 as a Scoring Summary to get an idea of your overall score based on your individual Item scores when combined with the "value" of each item. There's a worksheet on page 84 for you to summarize your opportunities for improvement by listing the 2-4 most significant ones from each Category. And to further narrow the scope of your efforts, the instructions on page 85 give you the opportunity to prioritize your identified opportunities and bring the list down to 8-10 of the most important ones. Starting on page 86 there is a framework or template for building action plans for each of those high priority areas you choose to address. These tools are merely to assist you and your department in getting started. You may already have something similar, or maybe you can come up with a more understandable method to accomplish the same thing. Whatever you choose, create that paper trail that links your action plans to your department's strategic plans.

Scoring Guidelines
Approach and Deployment
Categories 1 – 6

If you score...	...then you fall somewhere into this description
Not Addressed	<ul style="list-style-type: none"> • No systematic approach is evident; information is anecdotal; or the beginning of a systematic approach to the basic requirements of the Item is evident. • Major gaps exist in deployment that would inhibit progress in achieving the basic requirements of the item. • Early stages of a transition from reacting to problems to a general improvement orientation are evident
Needs improvement	<ul style="list-style-type: none"> • An effective systematic approach, responsive to the basic requirements of the item, is evident. • The approach is deployed, although some areas or work units are in early stages of deployment. • The beginning of a systematic approach to evaluation and improvement of key process is evident.
Addressed	<ul style="list-style-type: none"> • An effective, systematic approach, responsive to the overall requirements of the item and your key departmental requirements, is evident • The approach is well deployed, although deployment may vary in some areas or work units • A fact-based, systematic evaluation and improvement process is in place for improving the efficiency and effectiveness of key processes • The approach is aligned with the basic departmental needs identified in the other Criteria Categories
Addressed Well	<ul style="list-style-type: none"> • An effective, systematic approach, responsive to the multiple requirements of the item and the department's current and changing service needs, is evident • The approach is well deployed, with no significant gaps • A fact-based, systematic evaluation and improvement process and departmental learning/sharing are key management tools; there is clear evidence of refinement and improved integration as a results of departmental-level analysis and sharing • The approach is well integrated with departmental needs identified in the other Criteria Categories
Awesome!	<ul style="list-style-type: none"> • An effective, systematic approach, fully responsive to all the requirements of the item and all departmental current and changing service needs, is evident • The approach is fully deployed without significant weakness or gaps in any areas or work units • A very strong, fact-based, systematic evaluation and improvement process and extensive departmental learning/sharing are key management tools; strong refinement, innovation, and integration, backed by excellent departmental-level analysis and sharing, are evident • The approach is fully integrated with your departmental needs identified in the other Criteria Categories

Scoring Guidelines
Results
Category 7

If you score...	...then you fall somewhere into this description
Not addressed	<ul style="list-style-type: none"> • There are no results or poor results in areas reported; or there are some improvements and/or early good performance levels in a few areas • Results are not reported for many to most areas of importance to your key departmental requirements
Needs improvement	<ul style="list-style-type: none"> • Improvements and/or good performance levels are reported in many areas of importance to your key departmental requirements • Early stages of developing trends and obtaining comparative information are evident • Results are reported for many to most areas of importance to the your key departmental requirements
Addressed	<ul style="list-style-type: none"> • Improvement trends and/or good performance levels are reported for most areas of importance to your key departmental requirements • No pattern of adverse trends and no poor performance levels are evident in areas of importance to your key departmental requirements • Some trends and/or current performance levels – evaluated against relevant comparisons and/or benchmarks – show areas of strength and/or good to very good relative performance levels. • Departmental performance results address most key student/stakeholder, future student, and process requirements.
Addressed well	<ul style="list-style-type: none"> • Current performance is good to excellent in areas of importance to your key departmental requirements • Most improvement trends and/or current performance levels are sustained • Many to most trends and/or current performance levels – evaluated against relevant comparisons and/or benchmarks – show areas of leadership and very good relative performance levels • Results address most key student/stakeholder, future student, process, and action plan requirements
Awesome!	<ul style="list-style-type: none"> • Current performance is excellent in most areas of importance to your key departmental requirements • Excellent improvement trends and/or sustained excellent performance levels are reported in most areas • Evidence of benchmark leadership is demonstrated in many areas • Departmental performance results fully address key student/stakeholder, future student, process and action plan requirements.

Departmental Categories and Criteria for Performance Excellence

Sections/Items	Percent content to total
P. Preface: Departmental Profile P.1 Departmental Description P. 2 Departmental Challenges P. 3 Previous Findings and Recommendations	
Categories	
1. Leadership 1.1 Departmental Leadership 1.2 Social Responsibility	12% 8% 4%
2. Strategic Planning 2.1 Strategy Development 2.2 Strategy Deployment	8.5% 4% 4.5%
3. Student, Stakeholder and Future Student Focus 3.1 Knowledge of student, stakeholder, and future student needs and expectations 3.2 Student and stakeholder relationships and satisfaction	10.5% 6% 4.5%
4. Information and Analysis 4.1 Measurement and Analysis of Departmental Performance 4.2 Information Management	9% 5% 4%
5. Staff Focus 5.1 Work Systems 5.2 Staff Education, Training, and Development 5.3 Staff Well-Being and Satisfaction	8.5% 3.5% 2.5% 2.5%
6. Process Management 6.1 Program Design and Delivery Processes 6.2 Support Processes	6.5% 5% 1.5%
7. Departmental Performance Results 7.1 Student Learning Results 7.2 Student- and Stakeholder-Focused Results 7.3 Budgetary, Financial Results 7.4 Staff Results 7.5 Departmental Effectiveness Results	45% 20% 7% 4% 7% 7%
<u>Totals</u>	100%

SELF-ASSESSMENT

Preface: Departmental Profile

Preface: Departmental Profile or Key Departmental Factors

Your Departmental Profile is critically important because

- It is the most appropriate starting point for self-assessment;
- It helps you identify potential gaps in key information and focus on key performance requirements and results;
- It is used by the Site Review Team to understand your department and what you consider important; and
- It also may be used by itself for an initial self-assessment prior to initiating a full comprehensive program review. If you identify topics for which conflicting, little, or no information is available, it is possible that you can use these topics for action planning.
- Because this is CPR, Stage 2 and you have the results from your first CPR and site review process, there should be no topics for which conflicting, little, or no information is available unless those topics are new since the last review.

P. Preface: Departmental Profile is a “snapshot” of your department that provides important information about who you are, what you do, how you do it, who you do it for – and with, and what is important to you. It also describes the things that influence your operations, the challenges you face, and methods you use to address governance and process improvement.

Preface 1: Departmental Description - This item examines your department’s environment and your key relationships with students, stakeholders, partners, and the Division of Student Affairs.

P.1a Departmental Environment

P1. Our main programs and services, and the way that they are delivered to students and stakeholders include...

P2. We define our department’s organizational culture through the following organizational statements (include purpose, vision, mission, values, etc. as appropriate)...

P3. Our employee demographics are... (include number of employees, education levels, diversity, contract employees, and special health and safety requirements)

P4. In our operations the major technologies, equipment, and facilities that we use are...

P5. The legal/regulatory environment under which we operate includes the following agencies/entities (e.g. OSHA, mandated federal, state and local standards, programs, and assessments; accreditation requirements; administrator certification requirements; and environmental and financial regulations, as appropriate.)

P1b. Departmental Relationships

P6. Our reporting relationship in the Division of Student Affairs and our organizational structure is...

P7. The key student segments and stakeholder groups and their key requirements and expectations of us are...

P.8 The most important partners, their role in our systems, and our requirements of them include...

P.9 We have critical relationships with the following students and stakeholders (describe relationship and the ways that you communicate with them)...

Preface 2: Departmental Challenges – This item examines your department’s competitive environment, your key strategic challenges, and your system for performance improvement.

P.2a Competitive Environment

P10. *The number and types of competitors we have for the hearts, minds, souls and time of our students or stakeholders that keep them from being engaged in the developmental and/or learning programs we provide is...*

P11. *The principal factors that determine our success relative to our competitors and key changes taking place that affect our competitive situation are...*

P12. *Our key sources of comparative and competitive data from within and outside the academic community, and the limitations we have in obtaining comparative data are...*

P.2b Strategic Challenges (from an environmental assessment of your strengths, weaknesses, opportunities and threats)

P13. *The most important program and learning, operational, human resource, and community-related strategic challenges we face are...*

P14. *Our challenges specifically related to Texas A&M University's Vision 2020 imperatives are...*

P.2c Performance Improvement System

P15. *Our approach to systematically evaluate and improve our performance is...*

P16. *Our systematic approach to promote organizational learning and sharing of organizational knowledge assets within our department, the Division of Student Affairs, and the University is...*

Page Limit – The Departmental Profile is not limited, but it is suggested to aim for ten pages each for Preface 1 and Preface 2.

Remember: The Departmental Profile does not have scoring guidelines associated with it but is critical because it forms the basis of your subsequent assessment.

Preface 3: Previous Findings and Recommendations – *This item examines your department's previous comprehensive program or accreditation reviews and the findings and recommendations made during those reviews. If you are citing findings and recommendations from CPR, Phase 1, include the findings and recommendations of the follow-up strategic response which would include both those of the department and the site review team.*

P.3a Previous reviews

P17. *The types and years of the reviews, including Comprehensive Program Review in Student Affairs, conducted during the last five years are...*

P18. *The type and years of an accreditation by a national professional organization such as APA or AAACD conducted during the last five years are...*

P19. *Reviews using national guidelines or standards such as the ones provided by the Council for Advancement of Standards in Higher Education (CAS), NCAA, etc. during the last five years are...*

P.3b Findings and Recommendations Made During Previous Reviews

P20. *The primary strengths and weaknesses of the department as identified in each review were...*

P21. *A summary of the major findings and recommendations from each review is...*

P22. *The changes in the department and its programs made to date from the first CPR review and any planned changes incorporated into the strategic plan of the department were...*

P23. *Major changes, if any, which have been implemented to strengthen the department that were NOT specific recommendations from a review have been...*

Importance of Previous Findings and Recommendations

- It brings all department staff on the same level of understanding about former reviews, results and outcomes
- It helps you identify, before you begin a new self-assessment, the improvements that have been made since the last review.
- It is used by your Site Review Team to understand your organization and how you have embraced continuous improvement.

Page Limit – Previous Findings and Recommendations is not limited, but it is suggested to aim for ten pages.

Category 1

Self-Assessment for Leadership: Creating and Sustaining an Environment for Excellence

The Leadership Category examines how your department's senior leaders guide the department in setting values, directions, and performance expectations, as well as how they guide a focus on students and stakeholders, student learning, staff empowerment, innovation, and departmental learning. Attention is given to how your senior leaders communicate with staff, review departmental and programmatic performance, and create a learning environment that encourages high performance.

The Category also includes your department's governance system, its responsibilities to the public, and how it practices good citizenship. Included here are all programming that touches the local community such as OPAS, Wiley Lecture Series, Big Event and other community volunteer programs, Alcohol and Drug Education programs, leadership development, risk management and ethics training for staff and students, to name a few.

Category 1.1 Guidelines

Departmental Leadership

Purpose

This item examines the key aspects of your department's leadership and governance systems. It also examines how leadership and departmental performance are reviewed. It focuses on the actions of your senior leaders to create and sustain a high-performance organization and an environment conducive to learning, student development, and achievement.

Requirements

You are asked how your senior leaders set and deploy departmental values, short- and longer-term directions, and performance expectations and address the needs of all students and stakeholders. This includes how leaders create an environment for empowerment, innovation, organizational agility, safety, equity, and departmental and staff learning, and ethical behavior.

You are asked how your governance system ensures accountability, independence in audits, and protections of stakeholder interests.

You also are asked how your senior leaders review departmental performance, what key performance measures they regularly review, and how review findings are used to drive improvement and innovation, including improvement in the effectiveness of your leaders and governance systems.

Comments

- Leadership's central roles in setting values and directions, creating and balancing value for all students and stakeholders, and driving and reviewing performance are the focus of this item. Success requires a strong orientation to the future and a commitment to both improvement and innovation. Increasingly, this requires creating an environment for empowerment and agility, as well as the means for rapid and effective application of knowledge that takes into account key developmental needs of students, including self-motivation, study habits, the ability to function in groups, citizenship, and character development.
- The departmental governance requirement is intended to address the need for a responsible, informed, and accountable governance/policy-making body that can protect the interests of key stakeholders. It should have independence in review and audit functions. It should also have a performance evaluation function that monitors organizational and senior leaders' performance.
- The departmental review called for in this item is intended to cover all areas of performance. This includes not only how well you currently are performing but also how well you are moving toward the future. It is anticipated that the review findings will provide a reliable means to guide both improvement and opportunities for innovation that are tied to your department's key objectives, success factors, and measures. Therefore, an important component of your senior leaders' departmental review is the translation of the review findings into an action agenda sufficiently specific for deployment throughout your department and to your suppliers, partners, students, and key stakeholders.

1.1 Departmental Leadership – This item examines how senior leaders guide your department, including how they review departmental performance.

1.1a Senior Leadership Direction

- 1. Our senior leaders set and deploy departmental values, short- and longer-term directions, and performance expectations that balance the needs of students and other stakeholders by...*
- 2. After setting departmental values, directions, and expectations, senior leaders then communicate these to all employees and partners by...*
- 3. Our senior leaders create a favorable work environment through the following methods... (include how the environment fosters empowerment, innovation, departmental agility, departmental-wide learning, safety, and legal and ethical behavior)*

1.1b Departmental Structure and Governance

- 4. Our department's organizational structure and governance system assures accountability by management for the actions of the department by...*
- 5. Our department's organizational structure and governance system ensures fiscal accountability, and the protection of student and stakeholder interests by...*

1.1c Departmental Performance Review

- 6. Senior leaders review departmental performance and capabilities; progress relative to short- and longer-term goals, including student achievement goals; success; and changing needs through the following methods...*
- 7. The key performance measures that are reviewed on a regular basis by senior leaders, and key recent review findings include...*
- 8. Review findings are used to create prioritized actions for improvement and innovation, deployed throughout the department and shared with departmental partners when appropriate by...*
- 9. Performance of our senior leaders and director are evaluated through...*
- 10. Leaders use review findings and feedback from all student and stakeholder groups to improve their own effectiveness and the effectiveness of the leadership system by...*

Item 1.1. Departmental Leadership Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact- based cycles of improvement)
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Category 1.2 Guidelines
Social Responsibility

Purpose

This item examines how your department fulfills its public responsibilities, ensures that you and your partners behave ethically, and encourages, supports, and practices good citizenship, working effectively with key communities to extend your department's learning opportunities.

Requirements

You are asked how your department addresses its current and future impacts on society in a proactive manner and how you accomplish ethical practices in all student and stakeholder interactions. The impacts and practices are expected to cover all relevant and important requirements – safety, regulatory, legal, ethical, and accreditation. You are asked for your key measures for monitoring regulatory and legal compliance and ethical behavior.

You are also asked how your department, your senior leaders, your staff, and students identify, support, and strengthen your key communities as part of good citizenship practices.

Comments

- An integral part of performance management and improvement is proactively addressing (1) the need for ethical behavior; (2) legal, regulatory, and accreditation requirements; and (3) risk factors. Addressing these areas requires establishing appropriate measures or indicators that senior leaders track in their overall performance review. Your department should be sensitive to issues of public concern, whether or not these issues are currently embodied in law. Role model departments look for opportunities to exceed requirements and to excel in areas of legal and ethical behavior.
- Citizenship implies going beyond a compliance orientation. Good citizenship opportunities are available to departments of all sizes. These opportunities include encouraging and supporting the community service of your staff.
- Public responsibility may address a variety of issues or concerns, such as taxpayer costs, safety and risk management, and recycling, as appropriate.
- Examples of departmental community involvement include efforts by the department, senior leaders, and staff to strengthen relationships with academic affairs, the local community and professional associations. Community involvement might also involve students, giving them the opportunity to develop social and citizenship values and skills.

1.2 Social Responsibility – this item examines how your department addresses its

responsibilities to the public, ensures ethical behavior, and practices good citizenship.

1.2a Responsibilities to the Public

11. Our department proactively addresses the impact of our programs, activities, services and operations (safety, regulatory, and legal) on student engagement with the Bryan/College Station community by... (Some examples might include the Student Code of Conduct, student leadership training, student organization advisor training, student organization recognition agreements, and concessions policies.)

12. We prepare students for continuing community and civic engagement after graduation and ethical behavior in future work environments by...

1.2b Ethical Behavior

13. We ensure, both in spirit and intent, ethical behavior in all student and stakeholder transactions and interactions through the following processes and using the following measures to monitor behavior throughout our department and our departmental structure...

1.2c Support of Key Communities – Other Student Affairs Departments, Academic Affairs and Others Specific to Your Department

14. All levels of our department, including students, support and strengthen the following targeted key communities by...(include how you identify key communities and determine areas of emphasis for departmental involvement and support)

Item 1.2. Social Responsibility Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact- based cycles of improvement)
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1.0 Leadership Summary

Strengths

- 1.
- 2.
- 3.
- 4.

Opportunities for Improvement

- 1.
- 2.
- 3.
- 4.

Actions (What, Who, When, Needs)

- 1.
- 2.
- 3.
- 4.

5.

Item 1.0 Leadership Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 2
Self-Assessment for Strategic Planning:
Setting Strategy and Goals

The Strategic Planning Category addresses how your department develops strategic objectives/initiatives and action plans. It also examines how your strategic objectives/initiatives are deployed and how accomplishments and progress are measured and sustained. The Category stresses that learning-centered education and operational performance are key strategic issues that need to be integral parts of your department's overall planning.

Specifically, learning-centered education is a strategic view of education. The focus is on the drivers of student learning, student persistence, student and stakeholder satisfaction, and future students—key factors in educational success. Learning-centered education focuses on the real needs of students, including those derived from future student requirements and citizenship responsibilities.

- Departmental performance improvement contributes to short-term and longer-term productivity growth and cost containment. Building operational capability – including speed, responsiveness, and flexibility – represents an investment in strengthening your departmental fitness.

The Criteria emphasize that improvement and learning needs to be embedded in work processes. The special role of strategic planning is to align work processes with your department's strategic directions, thereby ensuring that improvement and learning reinforce departmental priorities.

The Strategic Planning section examines how your department:

- Understands the key student, stakeholder, future student and societal requirements as input to setting strategic directions. This helps ensure that ongoing process improvements and change are aligned with your department's strategic directions.
- Optimizes the use of resources, ensures the availability of well-prepared staff, and ensures bridging short-term and longer-term requirements that may entail capital expenditures, technology development or acquisition, or development of partnerships with other Student Affairs departments or other Texas A&M divisions – especially Academics.
- Ensures that deployment will be effective – that there are mechanisms to communicate requirements and achieve overall alignment on three basic levels: (1) the departmental and the senior leader level; (2) the key process level; and (3) the work unit, program or individual level.

The requirements in the Strategic Planning section encourage strategic thinking and acting – to develop a basis for a distinct leadership position in your future student. *These requirements do not imply formalized plans, planning systems, staff planning positions, or specific planning cycles.* They also do not imply that all your improvements could or should be planned in advance. An effective improvement system combines improvements of many types and degrees of involvement. This requires clear strategic guidance, particularly when improvement alternatives, including major change,

compete for limited resources. The requirements in this section emphasize a future-oriented basis for decisions and priorities.

Category 2.1 Guidelines Strategy Development

Purpose

This item examines how your department sets strategic directions and develops your strategic objectives/initiatives, guiding and developing key educational and other associated performance requirements.

Requirements

You are asked to outline your department's strategic planning process; including identifying key participants, key steps, and your planning time horizons. This will include your interface with the Division strategic planning process but is not exclusive to it. What are of interest here is how your department approaches strategic planning for itself and how that then becomes part of the Division's process. You are asked to consider key factors that affect your department's future. These factors cover external and internal influences on your department. You are asked to address each factor and outline how relevant data and information are gathered and analyzed.

You are also asked to summarize your key strategic objectives/initiatives and your timetable for accomplishing them. (Your key strategic initiatives very well may be in addition to those you have contributed to the Division's strategic plan.) Finally, you are asked how these objectives address the challenges outlined in your Departmental Profile.

Comments

- This item calls for basic information on the planning process and for information on all key influences, risks, challenges, and other requirements that might affect your department's future opportunities and directions – taking as long-term view as possible and reasonable. This approach is intended to provide a thorough and realistic context for the development of a student-, stakeholder-, and future student-focused strategy to guide ongoing decision-making, resource allocation, and overall management.
- This item is intended to cover all types of departments, programs within departments, future student situations, strategic issues, planning approaches, and plans. The requirements explicitly call for a future-oriented basis for action but do not imply formalized planning, planning staff positions, planning cycles, or a specified way of visualizing the future. Even if your department is seeking to create an entirely new program, structure, or situation, it is still necessary to set and to test the objectives that define and guide critical actions and performance.
- This item emphasizes how the department develops a competitive leadership position in its programs and services, which usually depends on departmental effectiveness. A competitive leadership position requires a view of the future that includes not only the future student in which your department competes, but also how it competes. How it competes presents many options and requires that you understand your department's and your competitors' strengths and weaknesses. Although no specific time horizons are included, the thrust of this item is a sustained competitive leadership position.

An increasingly important part of strategic planning is projecting the future environment. Such projections help to detect and reduce competitive threats, to shorten reaction time, and to identify opportunities. Depending on student and stakeholder needs, external factors (e.g. changing requirements brought about by education mandates or changing demographics) and internal factors

(e.g., staff capabilities and needs), departments might use a variety of modeling, scenarios, or other techniques and judgments to anticipate the environment.

2.1 Strategy Development – This item examines how your department establishes its strategic initiatives/objectives, including how it addresses key student and stakeholder need, enhances its performance relative to internal benchmarks or comparable departments and/or organizations, and enhances its overall performance and future success.

2.1a Strategy Development Process

15. Our department's strategic planning process consists of the following steps (identify steps, who is involved in each step and how it coordinates with the Division/University process)...

16. In planning we consider the following key factors:

- *our student, stakeholder, and future student needs, expectations, and opportunities including student development and learning*
- *our competitive environment, if appropriate, and our capabilities relative to competitors and comparable departments at other universities and/or appropriately selected organizations*
- *our approach to systemic improvement, technological innovations, or other key changes that might affect our programs and services or how we operate*
- *our strengths and weakness, including staff and other resources*
- *our opportunities to redirect resources to higher priority programs, activities, services, or areas*
- *our capability to assess student learning and development*
- *budgetary, societal, ethical, regulatory and other potential risks*
- *changes in the local, regional, or national higher education environment*
- *factors unique to our organization, including partners' needs, strengths, and weaknesses*

This is accomplished by...

2.1b Strategic Objectives

17. Our key strategic initiatives/objectives and timetable for accomplishing them are...

18. These objectives/initiatives address our department's key strategic challenges (identified in section P.2) and consider balancing our short-and longer-term challenges and opportunities and balancing the needs of students and stakeholders by...

Item 2.1 Strategy Development Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 2.2 Guidelines Strategy Deployment

Purpose

This item examines how your department converts your strategic objectives/initiatives into action plans to accomplish the objectives. It also examines how your department assesses progress relative to these action plans. The aim is to ensure that your strategies are deployed for goal achievement.

Requirements

You are asked how you develop and deploy action plans that address your organization's key strategic objectives, including the allocation of needed resources, and how you ensure that the key changes resulting from action plans can be sustained. You are asked to summarize your key short- and longer-term action plans. Particular attention is given to changes in services and programs; students, stakeholders, and future students; and how you will operate. You also are asked about your key human resource plans that will enable accomplishment of your strategic objectives and action plans.

You are asked to give your key measures or indicators used in tracking progress relative to the action plans and how you use these measures to achieve organizational alignment and coverage of all key work units, students, and stakeholders. (Use of your Institutional Effectiveness [IE] Goals for the University's Strategic Planning process are appropriate here – with the addition of department and program specific strategic initiatives that are not included in IE.) Finally, you are asked to provide a projection of key performance measures or indicators. As part of this projection, you are asked how your projected performance compares with the performance of competitors and comparable organizations, key benchmarks, goals, and past performance.

Comments

- This item asks how your action plans are developed and deployed. Accomplishment of action plans requires specifying key performance requirements, measures, and indicators for such areas as staff development plans and needs and use of learning technologies. Also include how resources are deployed, aligned, and tracked. Of central importance is how you achieve alignment and consistency – for instance, via key strategies and key measurements. Also, alignment and consistency are intended to provide a basis for setting and communicating priorities for ongoing improvement activities – part of the daily work of all work units. In addition, performance measures are critical to performance tracking. Action plans include human resource plans that support your overall strategy.
- Key changes in your services, offerings, programs or students, stakeholders, and future students might include the impact of technology and the Web. Key changes in your anticipated or planned student and stakeholder future students might include demographic changes and resulting needs, new populations served (graduate student or nontraditional adults), or different academic collaborations and resulting changes in your programs.
- Examples of possible human resource plan elements are
 - Education and training initiatives, including those that increase skills for assessment practices and increase knowledge of student learning styles, as well as developmental assignments to prepare future leaders, e.g. The Academy for Student Affairs Professionals
 - Creation or redesign of individual staff development and learning plans
 - Redesign of staff work groups and/or jobs to increase staff responsibility and decision making
 - Initiatives to foster knowledge sharing and cross-functional interactions throughout the department and with other University and Division of Student Affairs departments
 - Creation of opportunities through the redesign of process or programs for staff to learn and use skills that go beyond current job assignments
 - Formation of partnerships with the local community to support staff development
 - Introduction of performance improvement initiatives
- Projections and comparisons in this item are intended to encourage your department to improve its ability to understand and track dynamic and competitive performance factors. Through this tracking process, your department should be better prepared to take into account its rate of improvement and change relative to that of competitors and comparable organizations and relative to your own targets or stretch goals. Such tracking serves as a key diagnostic tool.
- In addition to improvement relative to past performance and the performance of comparable organizations, projected performance might include changes resulting from innovations in

education, program or service delivery, addition or termination of programs, Web-based or distance education initiatives, or other strategic thrusts.

2.2 Strategy Deployment – This item examines how your department converts its strategic initiative/objectives into action plans to accomplish the objectives and how your department assesses progress relative to those action plans. The aim is to ensure that your strategies are deployed for goal achievement.

2.2a Action Plan Development and Deployment

19. *We develop and deploy action plans to accomplish our department's key strategic objectives /initiatives by...(include how you allocate resources to ensure accomplishment of your action plans and how you ensure that key changes resulting from action plans can be sustained)*
20. *Our key short- and longer-term plans are...(include key changes, if any, in services and programs)*
21. *Our key human resource plans that will enable accomplishment of our strategic objectives/initiatives and action plans are...*
22. *We track our progress in accomplishment of action plans by the following measures...*

2.2b Performance Projection

23. *Projections for our performance in the key measures (#22) in both the short- and longer-term are...*
24. *We compare these performance projections to others and to our own past performance. These comparisons show that...*

Item 2.2 Strategy Deployment Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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2.0 Strategic Planning Summary

Strengths

- 1.
- 2.
- 3.
- 4.

Opportunities for Improvement

- 1.
- 2.
- 3.
- 4.

Actions (What, Who, When, Needs) 1. 2. 3. 4. 5.

Item 2.0 Strategic Planning Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact- based cycles of improvement)
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Category 3
Self-Assessment for Student and Stakeholder Focus:
Understanding Your Student and Stakeholders

The Student, Stakeholder, and Future Student Focus Category addresses how your department determines the needs and preferences of current and future students and stakeholders. Also examined is how your department builds relationships with students and stakeholders and determines the key factors that attract students and partners and lead to student and stakeholder satisfaction, loyalty, and persistence and to excellence in services and programs.

The Category stresses relationships as an important part of an overall listening, learning, and performance excellence strategy. Although many of the needs of stakeholders must be translated into student learning and development services for students, other stakeholders themselves may have needs that the department also must accommodate. A key challenge frequently may be to balance differing needs and expectations of students and stakeholders. Your student and stakeholder satisfaction and dissatisfaction results provide vital information for understanding your students, stakeholders, and future students. In many cases, such results and trends provide the most meaningful information, not only on your students' and stakeholders' views but also on their actions and behaviors – student participation and persistence.

Category 3.1 Guidelines
Student, Stakeholder and Future Students

Purpose

This item examines your department's key processes for gaining knowledge about your current and future student segments, stakeholders, and future students, with the aim of offering relevant and effective programs and services, understanding emerging student and stakeholder requirements and expectations, and keeping pace with future student changes and changing methods of delivering learning services.

Requirements

You are asked how you determine key general and special requirements of current students and stakeholders and how you segment your students, stakeholders, and future students. You are asked how you determine and anticipate changing requirements and expectations of future students and stakeholders – taking into account the key factors that could affect these requirements and expectations – to support longer-term planning. You also are asked how these determinations include relevant information from current and former students and stakeholders.

Finally, you are asked how you keep your student and stakeholder listening and learning methods current with your changing service needs and directions.

Comments

- Maintaining awareness of student requirements and expectations is critical to improve learning services and to support related planning. Student requirements, as addressed in this item, should take into account information not only from students but also from stakeholders, e.g., families, employers, and other education organizations, as appropriate. Student requirements should be interpreted in a holistic sense to include knowledge, application of knowledge, problem solving, learning skills, interpersonal skills, leadership and character development, critical thinking skills, conflict resolution, and citizenship.
- Knowledge of student, stakeholder and future student segments allows your department to tailor listening and learning strategies and future student offerings, to support and tailor your strategies, and to develop new student learning and development programs, services and offerings.
- To understand student requirements and expectations, it is necessary to consider all aspects of program content and delivery and of the learning environment, including safety. An important part of this information comes from observations of student utilization of programs, services, and facilities to determine their influence on active learning. This requires departments to use current knowledge about student development and learning, including academic, social, physical and ethical development.
- The determination of future requirements and expectations of students should take into account the following: demographic data and trends; changing requirements of graduates in the workplace or other schools; and changing local, state, national, and global requirements. Changing requirements of graduates should reflect requirements set by stakeholders, taking into account paths followed by the University's graduates. These requirements might include workplace skills such as teamwork and skill transferability.
- A variety of listening and learning strategies are commonly used. Selection depends on the type and size of the department and other factors. Some examples are
 - building relationships with student, families, social service agencies, employers, former students, and other stakeholders
 - tracking demographic, societal, economic, technological, competitive, and other factors that may bear upon student and stakeholder requirements, expectations, preferences, or alternatives
 - seeking to understand in detail students' and stakeholders' expectations and requirements and how they are likely to change
 - holding focus groups with students and/or stakeholders
 - using critical incidents, such as complaints, failures and the like, to understand key education, program, and service attributes from the point of view of students, stakeholders, faculty and staff
 - interviewing students and stakeholders to determine the reasons students choose not to participate in departmental programs and services
 - analyzing major factors affecting students and stakeholders relative to their utilization of organizations providing similar programs and services

3.1 Student, Stakeholder and Future Student Knowledge: This item examines how your department determines requirements, expectations and preferences of students, stakeholders, and future students to ensure the continuing relevance of your programs, activities, and services; to develop new opportunities; and to create an overall climate conducive to learning and development for all students.

3.1a Student, Stakeholder, and Future Student Knowledge

25. *Regarding the student/stakeholder segments identified in question P7, the way we determined to segment them in this way was...(include how you determined underserved students or student segments)*

26. *We listen and learn to determine student and stakeholders' requirements and expectations (including program, activities, and services features) and their relative importance to these groups' decisions related to participation in our programs by...(include how you segment your student clients (race, gender, classification, etc.) to determine how best to deliver your services)*

27. *We use the information from current, former, and future students and stakeholders, including utilization of programs, facilities, and services; persistence; and complaints for planning, marketing, process improvements, and development of other students by...*

28. *We regularly evaluate the effectiveness of these listening and learning approaches and improve them to keep them current with changing student needs, environments, and expectations by...*

Item 3.1 Student, Stakeholder, and Future Student Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 3.2 Guidelines
Student and Stakeholder Relationships and Satisfaction

Purpose

This item examines your department's processes for building student and stakeholder relationships and determining student and stakeholder satisfaction, with the aim of enhancing student learning and the department's ability to deliver its programs and services, satisfy students and stakeholders, develop new opportunities, and foster continuing interactions and positive referrals.

Requirements

You are asked how you build relationships with current and potential student and stakeholders to meet and exceed their expectations, to increase loyalty, to deliver services, and to foster continuing interactions and positive referrals.

You are asked how you determine key student and stakeholder contact requirements and how these vary for different modes of access. As part of this response, you are asked to describe key access mechanisms for students and stakeholders to seek information and to make complaints. You are asked how these requirements are deployed to all people and processes involved in responding to students and stakeholders.

You are asked to describe your complaint management process. This description should include how you ensure prompt and effective problem resolution. The description also should cover how all complaints are aggregated and analyzed for use in improvement throughout your department and by your partners, as appropriate.

You are asked how you keep your approaches to relationship building and student and stakeholder access current with your changing student learning and development service needs and directions.

You are asked how you determine student and stakeholder satisfaction and dissatisfaction, including how you capture actionable information that reflects students' and stakeholders' future interactions and/or potential for positive referrals.

You also are asked how you follow up on your interactions with students and key stakeholders to receive prompt and actionable feedback.

You are asked how you obtain and use information on student and stakeholder satisfaction relative to their satisfaction found in other organizations, competitors, and benchmarks so you can gauge your performance in future students.

Finally, you are asked how you keep your methods for determining student and stakeholder satisfaction current with your changing student development and learning service needs and directions.

Comments

- This item emphasizes how you obtain actionable information from students and stakeholders. Information that is actionable can be tied to key programs, services and processes and be used to determine value, cost and revenue implications, and overall implications for setting improvement and change priorities.
- Relationships provide a potentially important means for Student Affairs departments to understand and manage student and stakeholder expectations, to develop new programs and services, and to maintain a learning environment. Also, staff may provide vital information for building partnerships and other longer-term relationships with students and other stakeholders.
- Four key aspects of student and stakeholder relationships are addressed: (1) determining and deploying contact requirements, (2) maintaining effective relationships and partnerships to pursue common purposes, (3) using key measures/indicators to monitor the effectiveness of key relationships, and (4) promptly resolving complaints.
- The complaint management process might include performing analysis and setting priorities for improvement projects based upon impact on student learning. Complaint aggregation, analysis, and root cause determination should lead to effective elimination of the causes of complaints and to setting priorities for evaluation and use in overall departmental improvement. Successful outcomes require effective deployment of complaint-related information throughout the department.
- Three types of requirements are important in determining student and stakeholder satisfaction:
 - The first is gathering information on student and stakeholder satisfaction, including any important differences in approaches for different student segments and stakeholder groups. A critical part of this process is how your department's measurements capture key information that bears upon students' motivation and active learning and how objectivity and reliability of the measurements are ensured. Key information might include climate factors such as the quality of relationships, a sense of inclusion, and safety/risk management.
 - The second is following up with students and key stakeholders regarding services and recent interactions to determine satisfaction and to resolve problems quickly.
 - The final requirement is comparing the satisfaction of students and stakeholders to the satisfactions of these groups with competitors and departments or institutions delivering

similar programs and services and to benchmarks. Such information might be derived from available published data or independent studies. The purpose of this comparison is to develop information that can be used for improving the delivery of programs and services and creating an overall climate conducive to learning for all students.

- Changing student learning and development service needs and directions might include new modes of student access, such as the Internet. In such cases, key requirements might include security and access to personal assistance.

3.2 Student and Stakeholder Relationships and Satisfaction: This item examines how your department builds relationships to attract, satisfy, and retain students and stakeholders, to increase student and stakeholder loyalty, to develop new program and service opportunities, and to determine student and stakeholder satisfaction.

3.2a Student and Stakeholder Relationships

29. We build relationships with other departments, Divisions, or external businesses and institutions to attract and retain students and stakeholders, to enhance students' performance, to meet and exceed students' expectations for learning (including experiential learning), and to foster new and continuing interactions and positive referrals by...

30. Students and stakeholders seek information, pursue common purposes, and make complaints through the following mechanisms (include your key requirements for contact with students and stakeholders through each method of contact and how the requirements are deployed to all people and processes involved in maintaining these relationships)...

31. When we receive complaints, the process by which they are received, resolved, analyzed, and then used for improvement by our partners and us is...

32. We regularly evaluate the effectiveness of our relationship approaches and methods of providing student and stakeholder access to improve them to keep them current with educational service needs and directions by...

3.2b Student and Stakeholder Satisfaction Determination

33. We determine student and stakeholder satisfaction and dissatisfaction and use this information for improvement by...(include use of any or all of the following: surveys, focus groups and interviews, participation rates, tracking use of services, demographic studies, cost/benefit studies and complaints which might be gathered by your department, by Student Life Studies, or in collaboration with other Student Affairs departments, other Texas A&M departments or Divisions or another university or professional organization)

34. We determine satisfaction and dissatisfaction among differing student segments and stakeholder groups by...

35. We follow up on interactions with students and key stakeholders on programs, services, and activities to get timely feedback by...

36. We gauge our performance relative to other departments and organizations delivering similar programs and services in student/stakeholder satisfaction by...

37. We regularly evaluate the effectiveness of our approaches to determining student and stakeholder satisfaction and improve them to keep current with student/stakeholder needs and changing expectations by...

Item 3.2 Student and Stakeholder Relationships and Satisfaction Scoring (Circle one)

Not addressed (no systematic	Needs Improvement	Addressed (systematic approach	Addressed Well	Awesome! (systematic approach
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approach)	reasonably deployed)	fully deployed, fact-based cycles of improvement)
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3.0 Student and Stakeholder Focus Summary

<div>Strengths</div> <div>1. 2. 3. 4.</div>

<div>Opportunities for Improvement</div> <div>1. 2. 3. 4.</div>

<div>Actions (What, Who, When, Needs)</div> <div>1. 2. 3. 4. 5.</div>

Item 3.0 Student and Stakeholder Focus Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 4

Self Assessment for Measurement, Analysis, and Knowledge Management: Managing by Fact to Drive Performance Improvement

The Measurement, Analysis and Knowledge Management Category examines how your department selects, gathers, analyzes, manages, and improves its data, information, and knowledge assets. It is the main point within the Criteria for all key information about effectively measuring and analyzing performance and managing departmental knowledge to drive improvement in student and departmental performance. In the simplest terms, Category 4 is the “brain center” for the alignment of your department’s programs and services and its strategic objectives/initiatives. Central to the use of data and information are their quality and availability. The Category addresses knowledge management and all basic performance-related information and comparative information, as well as how such information is analyzed and used to optimize departmental performance.

Category 4.1 Guidelines

Measurement and Analysis of Departmental Performance

Purpose

This item examines your department's selection, management, and use of data and information for performance measurement and analysis in support of departmental planning and performance improvement. The item serves as a central collection and analysis point in an integrated performance measurement and management system that relies on data and information related to student and operational performance, stakeholders, and budget issues. The aim of measurement and analysis is to guide your department's process management toward the achievement of key student development and learning results and strategic objectives/initiatives and to anticipate and respond to rapid or unexpected departmental or external changes.

Requirements

You are asked how you gather and integrate data and information for monitoring daily operations and supporting departmental decision-making and how you select and use measures for tracking those operations and overall student and departmental performance. You also are asked how you select and use comparative data and information to support operational and strategic decision-making and innovation. These requirements address the major components of an effective performance measurement system.

You are asked what analyses you perform to support your senior leaders' assessment of overall departmental performance and your strategic planning. You are asked how the results of departmental-level analysis are communicated to support decision-making throughout your department and are aligned with program/service results, strategic objectives/initiatives, and action plans.

Finally, you are asked how you keep your department's performance measurement system current with changing student learning and development service needs and directions and how you ensure your measurement system is sensitive to rapid and unexpected departmental and external changes.

Comments

- Alignment and integration are key concepts for successful implementation of your performance measurement system. They are viewed in terms of extent and effectiveness of use to review departmental performance assessment needs. Alignment and integration include how measures are aligned throughout your department, how they are integrated to yield department-wide data and information. Alignment and integration also include how performance measurement requirements are deployed by your senior leaders to track work group or program performance on key measures targeted for department-wide significance or improvement.
- The use of comparative data and information is important to all organizations. The major premises for use are (1) your department needs to know where it stands relative to comparable organizations from within and outside the academic community and to best practices, (2) comparative and benchmarking information often provides the impetus for significant ("breakthrough") improvement or change that might signal changes taking place in student affairs or specific unit practices, and (3) comparing performance information frequently leads to a better understanding of your processes and their performance. Comparative information also may support departmental analysis and decisions relating to core competencies, alliances, and outsourcing.
- Your effective selection and use of comparative data and information require (1) determination of needs and priorities; (2) criteria for seeking appropriate sources for comparisons – from within and outside your academic community and future students; and (3) use of data and information to

promote major, nonincremental (“breakthrough”) improvements in areas most critical to your department’s strategy.

- Individual facts and data do not usually provide an effective basis for setting departmental priorities. This item emphasizes that close alignment is needed between your analysis and your departmental performance review and between your analysis and your departmental planning. This ensures that analysis is relevant to decision-making and that decision-making is based on relevant data and information.
- Action depends on understanding cause-effect connections among processes and between processes and results or outcomes. Programmatic and operational changes may have many resource implications. Departments have a critical need to provide an effective analytical basis for decisions because resources for improvement are limited and cause-effect connections are often unclear.
- Analyses that your department conducts to gain an understanding of performance and needed actions may vary widely depending on the type of your department, size, relationship to other departments or organizations providing similar services, and other factors. Examples of possible analyses include:
 - How the improvement of programs, offerings, and services correlates with key student and stakeholder indicators, such as satisfaction and involvement
 - Trends in key indicators of student motivation, development, engagement, and use of facilities
 - Test performance trends for students, segmented by student groups, as appropriate
 - Relationships between in-school outcomes/performance and longer-range outcomes – such as in graduate school or in the workplace, for example
 - Activity-level cost trends in departmental operations
 - Student utilization of learning technologies and/or facilities versus assessment of student performance and development
 - Relationships between student background variables and outcomes
 - Relationships between students’ allocation of time to activities and projects and their academic performance
 - Cost/budgetary implications of student-/stakeholder-related problems and effective problem resolution
 - Financial benefits and costs derived from improvements in staff safety, risk management, and turnover
 - Benefits and costs associated with education and training, including electronic learning opportunities for staff
 - The value added for students, stakeholders and the department by better knowledge and information management
 - The relationships between knowledge management and innovation
 - How the ability to identify and meet staff requirements correlates with staff retention, motivation and well-being
 - Cost and budgetary implications of staff-related problems and effective problem resolution
 - Allocation of resources among alternative improvement projects based on cost and benefit implications and improvement potential
 - Cost and financial implications of new programs/services and future student entry and changing programmatic and operational needs
- The availability of electronic data and information of many kinds (e.g., student-stakeholder-related, budgetary and financial, operational, accreditation or regulatory) and from many sources (internal, third party [e.g., Student Life Studies, MARS, consulting firm], and public sources; the Internet; Internet tracking software) permits extensive analysis and correlations. Effectively utilizing and prioritizing this wealth of information are significant organizational challenges.

4.1 Measurement and Analysis of Organizational Performance – This item examines how your department measures, analyzes, aligns, and improves student and operational performance data and information at all levels and in all parts of your department.

4.1a Performance Measurement

38. Our data and information system includes methods to select, collect, align, and integrate data and information as evidence of student learning and development, for tracking daily operations, for tracking overall departmental performance, and for making decisions. We do this through...

39. The methods we use to select and use comparative data and information from within and outside the higher education community to support operational and strategic decision-making and innovation are...

40. We regularly evaluate the effectiveness of our approaches to data and information management and improve them to keep them current with program and student needs and changing student/stakeholder, departmental or external expectations by...

4.1b Performance Analysis

41. The types of analyses we perform to support our senior leaders' overall departmental performance and strategic planning are...

42. Departmental-level analysis is communicated to staff and students, as appropriate, in our department to support their decision-making by...

Item 4.1 Measurement and Analysis of Organizational Performance Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 4.2 Guidelines Information and Knowledge Management

Purpose

This item examines how your department ensures the availability of high-quality, timely data and information for all key users – staff, students and stakeholders, and suppliers, and partners. It also examines how your department builds and manages its knowledge assets. The aim is to improve departmental efficiency, effectiveness, and innovation.

Requirements

You are asked how you make data and information available and accessible to your user communities. You are asked how you ensure that the data, information, and departmental knowledge have all the characteristics your users expect: integrity, reliability, accuracy, timeliness, and appropriate levels of security and confidentiality.

You also are asked how you ensure that your hardware systems and software are reliable and user-friendly so that access is facilitated and encouraged.

You are asked how you keep your data availability mechanisms, software, and hardware current with educational service needs and directions.

Finally, you are asked how you capture, protect, and disseminate departmental knowledge.

Comments

- Managing information can require a significant commitment of resources as the sources of data and information grow dramatically. Departmental abilities to ensure reliability and availability in a user-friendly format are challenged by the expanding use of electronic information within organizations' operations, as part of organizational knowledge networks; from the Internet, intranet, and departmental Web sites; and in communications between students and your department, as well as between stakeholders and the department.
- Data and information are especially important in school-to-university, classification-to-classification, and university-to-work transitions in partnerships with business, social services, and the community. Your responses to this item should take into account this use of data and information and should recognize the need for rapid data validation and reliability assurance, given the increasing use of electronic data transfer.
- The focus of a department's knowledge management is on the knowledge that people need to do their work; improve processes, programs, offerings, and services; keep current with changing educational needs and directions; and develop innovative solutions that add value for the student, stakeholder, and the department.

4.2 Information and Knowledge Management – This item examines how your department ensures the quality and availability of needed data and information for staff, students, stakeholders, and partners. Also examined is how your department builds and manages its knowledge resources.

4.2a Data and Information Availability

43. *The distribution methods we use to make data and information available and accessible to all users are...*

44. *We ensure that the hardware and software systems we use are reliable, secure, and easy to use by...*

45. *We regularly evaluate the effectiveness of our approaches to making data and information available, including the effectiveness of our software and hardware systems, and we improve them to keep them current with our program/service needs and directions by...*

4.2b Departmental Knowledge

46. *We manage departmental knowledge to accomplish the collection and transfer of knowledge among staff, the transfer of relevant knowledge from students/stakeholders and partners, and the identification and sharing of best practices by...*

47. *We ensure that our data, information and departmental knowledge are correct, timely, reliable, secure, and accurate and kept confidential by...*

Item 4.2 Information and Knowledge Management Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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4.0 Measurement, Analysis and Knowledge Management Summary

Strengths	1. 2. 3. 4.
Opportunities for Improvement	1. 2. 3. 4.
Actions (What, Who, When, Needs)	1. 2. 3. 4. 5.

Item 4.0 Measurement, Analysis and Knowledge Management Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact- based cycles of improvement)
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Category 5
Self-Assessment for Staff Focus:
Developing the Full Potential of All Employees

The Staff Focus Category examines how your department’s work systems and staff learning and motivation enable staff to develop and utilize their full potential in alignment with your department’s overall objectives and action plans. Also examined are your department’s efforts to build and maintain a work environment and staff support climate conducive to performance excellence and personal and organizational growth.

Staff focus addresses key human resource practices – those directed toward creating and maintaining a high-performance workplace with a strong focus on students and learning and toward developing staff to enable them and your department to adapt to change. The Category covers staff development and management requirements in an integrated way, i.e., aligned with your department’s strategic objectives.

To reinforce the basic alignment of workforce management with overall strategy, the Criteria also cover staff planning as part of overall planning in the Strategic Planning Category.

Category 5.1 Guidelines Work Systems

Purpose

This item examines your department's systems for work and jobs, compensation, career progression, staff performance management, motivation, recognition, communication, and hiring, with the aim of enabling and encouraging all staff to contribute effectively and to the best of their ability. These systems are intended to foster student achievement, development and high performance, to result in individual and departmental learning, and to enable adaptation to change.

Requirements

You are asked how you organize and manage work and jobs to promote cooperation, initiative, empowerment, innovation, agility, and your departmental culture. You are asked how you achieve effective communication and knowledge and skill sharing. You are asked how your staff performance management system, including feedback to staff, supports high performance and a focus on students, stakeholders, and educational services, programs, and offerings. This should include how compensation, recognition, and related practices reinforce these objectives for student learning and development.

You are asked how you identify the capabilities needed by potential staff and how you recruit, hire, and retain staff. Your considerations should include the ability of your work system to benefit from the diverse ideas and cultures of your staff, communities, and state.

Finally, you are asked how you accomplish effective succession planning for senior leaders and others and how you manage effective career progression for all staff throughout the department.

Comments

- High-performance work is characterized by a focus on student achievement, flexibility, innovation, knowledge and skill sharing, alignment with departmental objectives, and the ability to exercise discretion and make effective decisions to respond to changing educational service needs and requirements of your students, stakeholders, and future students. The focus of this item is on a workforce capable of achieving high performance. In addition to enabled staff and proper work system design, high-performance work requires ongoing education and training, as well as information systems that ensure proper information flow.
- Work and job factors for your consideration include cross training, job rotation, and use of teams (including self-directed teams and, in some cases, involving paraprofessionals). Also important is effective communication across functions and work units to ensure a focus on student and stakeholder requirements and to ensure an environment of encouragement, trust, knowledge sharing, and mutual respect.
- Compensation and recognition systems should be matched to your staff work systems. To be effective, compensation and recognition might be tied to demonstrated skills, administrator/supervisor evaluations, or student evaluations. Compensation and recognition approaches also might include rewarding exemplary team or unit performance, presentations and participation at professional meetings and conferences, and linkage to student and stakeholder satisfaction or other departmental performance objectives.
- Departments should address the important alignment of incentives with the achievement of key departmental objectives. A basic requirement for this alignment is consistency between compensation and recognition and work structures and processes. Staff compensation and

recognition systems should reinforce student achievement, high performance, job design, and learning.

- The requirements of high-performance work, coupled with staff shortages, necessitate more attention to succession planning, recruitment strategies, and hiring profiles. This should include and capitalize on diversity factors. Staff hiring and career progression planning should consider both internal and external candidates with a focus on the future success and growth within the department. Consideration should be given to appropriate certification and licensure and to equitable distribution of staff among departmental units.

5.1 Work Systems – This item examines how your department’s work and jobs enable staff and the department to achieve high performance. It also examines how compensation, career progression, and related workforce practices enable staff and the department to achieve high performance.

5.1a Department and Management of Work

48. We organize and manage work and jobs to promote cooperation, initiative, empowerment, innovation, cultural values, equitable distribution of skill levels and experiences of our staff, and the ability to keep current with educational service needs by...

49. Our work systems are designed to take advantage of the diversity of our employees’ ideas, cultures, and thinking and our student and stakeholder communities with which we interact by...

50. We ensure that effective communication and skill sharing is facilitated within and between different programs, work units, jobs and locations by...

5.1b Staff Performance Management System

51. Our staff performance management system (including evaluation, compensation, recognition and related reward and incentive practices including feedback) supports high performance work and a focus on students and stakeholders by...

5.1c Hiring and Career Progression

52. Our hiring process includes the identification of characteristics and skills need by potential staff as well as processes to recruit, hire, and retain new staff (taking into consideration the diverse ideas, cultures, and thinking of your hiring community). The process activities include...

53. We provide career progression opportunities to senior leaders and others throughout the organization (include how you ensure that staff are appropriately certified or licensed, if appropriate) by...

Item 5.1 Work Systems Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 5.2 Guidelines Staff Learning and Motivation

Purpose

This item examines your department's staff education and training. It also examines your department's systems for motivation and staff career development with the aim of meeting ongoing needs of staff and a high-performance workplace.

Requirements

You are asked how staff education and training tie to your action plans, including how education and training balance short- and longer-term individual and departmental objectives. You are asked how you seek and use input on education and training needs and delivery from those most directly benefiting – staff and their supervisors and administrators. You are asked how you incorporate departmental learning and knowledge assets into your education and training.

You are asked how your staff education, training, and development address key departmental needs associated with technological change, ethical business practices, leadership and supervisor development, new staff orientation, safety/risk management, diversity, and performance measurement and improvement.

You are asked how you deliver and evaluate staff education and training, taking into account individual and departmental performance. You are asked how you reinforce knowledge and skills on the job.

Finally, you are asked how your administrators and supervisors motivate staff to develop and utilize their full potential, including the mechanisms you use to attain job- and career-related learning objectives.

Comments

- Education and training address the knowledge and skills staff need to meet their overall work and personal and professional objectives and the department's need for leadership development of staff. Education and training needs might vary greatly, depending on many factors – especially specific staff responsibilities. These needs might include gaining knowledge about assessment practices, learning styles, and working effectively with students from other cultures who have limited English proficiency. They also might include gaining skills in knowledge sharing, communications, interpreting and using data, using new technology, process analysis, and evaluating and understanding student behavior and character development, as well as other training that affects staff effectiveness and safety.
- This item emphasizes the importance of the involvement of staff and their supervisors in the design of training, including clear identification of specific needs. This involves job analysis, i.e., understanding the types and levels of skills required and the timeliness of training. Determining specific education and training needs might include use of departmental assessment or staff self-assessment to determine and/or compare skill levels for progression within the department or elsewhere in the Division or University. Education and training also include appropriate orientation of new staff.
- Education and training delivery might occur inside or outside your department and could involve on-the-job, classroom, computer-based, or distance learning, as well as other types of delivery. Training also might occur through developmental assignments within or outside your department. This includes the use of developmental assignments such as internships, sabbatical leave, or job shadowing within or outside the department to enhance staff career opportunities and employability.
- Effective performance management also includes the evaluation of education and training. Such evaluation might take into account administrators' evaluation, staff evaluation, and peer evaluation of the value received through education and training relative to needs identified in their design. Evaluation also might address factors such as the effectiveness of education and training

delivery, its impact on work unit and departmental performance, and costs of delivery alternatives.

- To help staff realize their full potential, many departments use individual development plans prepared with each person that address his or career and learning objectives (an optional performance evaluation found in the Texas A&M Human Resource Performance Evaluation process).

5.2 Staff Learning and Motivation – This item examines how your department’s staff education, training, and career development support the achievement of your overall objectives and contribute to high performance. It also examines how you department’s education, training, and career development build staff knowledge, skills, and capabilities.

5.2a Staff Education, Training and Development

54. Staff education and training activities contribute to the achievement of our department’s strategies and action plans, balancing short- and longer-term departmental objectives with staff needs for development, learning, and career progression by...

55. Our education, training, and development approaches include learning in performance measurement, performance improvement, and technological change through the following activities...

56. Our education, training, and development approaches include learning opportunities associated with new staff orientation, diversity, ethics, management/leadership development, and staff and workplace safety and risk management through the following activities...

57. We get input from various levels of the department on the education and training needs that exist through...

58. Our departmental learning and knowledge are incorporated into education and training opportunities through...

59. We deliver and evaluate staff education and training (both formal and informal) with input from staff and their supervisors by...

60. We reinforce the use of knowledge and skills on the job by...

5.2b Staff Motivation and Career Development

61. Our department and its senior leaders and supervisors motivate staff and help them attain ongoing learning and career-related development by...

Item 5.2 Staff Learning and Motivation Scoring (Circle one)

Not addressed	Needs	Addressed	Addressed	Awesome!
(no systematic approach)	Improvement	(systematic approach reasonably deployed)	Well	(systematic approach fully deployed, fact-based cycles of improvement)

**Category 5.3 Guidelines
Staff Well-Being and Satisfaction**

Purpose

This item examines your department’s work environment, your staff support climate, and how you determine job satisfaction, with aim of fostering the well-being, satisfaction, and motivation of all staff while recognizing their diverse needs.

Requirements

You are asked how you ensure a safe, secure, and healthful work environment for all staff, taking into account their differing work environments and associated requirements. Special emphasis is placed on how staff contribute to identifying important factors and to improving workplace safety. You also are asked to identify appropriate measures and targets so that status and progress can be tracked.

You are asked how you ensure workplace preparedness for emergencies or disasters. You are also asked how you ensure departmental continuity for the benefit of your staff, students, and stakeholders.

You are asked how you determine the key factors that affect staff well being, satisfaction, and motivation. Included is how these factors are segmented for a diverse workforce and different categories and types of staff. In addition, you are asked how your services, benefits, and policies support staff well being, satisfaction, and motivation based upon a holistic view of this key stakeholder group. Special emphasis is placed on the variety of approaches you use to satisfy a diverse workforce with differing needs and expectations.

You are asked to describe formal and informal assessment methods and measures you use to determine staff well being, satisfaction, and motivation. This description should include how you tailor these methods and measures to a diverse workforce and to different categories and types of faculty and staff and how you use other indicators (e.g., staff retention, absenteeism, grievances, and safety) to support your assessment. Finally, you are asked how you relate assessment findings to key departmental performance results to identify key priorities for improvement.

Comments

- Since the safety and health of staff depend significantly on specific work environments and responsibilities, it is important to view environmental factors separately and to segment measures and data accordingly, addressing the principal safety and health issues associated with each work unit.
- Most education institutions, regardless of size, have many opportunities to contribute to staff well being, satisfaction and motivation. Some examples of services, facilities, activities, and other opportunities are those provided by the University that your department might utilize (employee assistance program; career development and employability services; job skill enhancement pay; formal and informal recognition; nonwork-related education; day care; special leave for family responsibilities and community service; flexible work hours and benefits packages; and retiree benefits, including extended health care and access to staff services) and those provided specifically by the department (flexible work hours, formal and informal recognition, special nonworking retreat settings, etc.).
- Many factors might affect staff well being and satisfaction, and these factors are likely to differ greatly among staff groups. The department might need to consider factors such as effective staff problems and grievances, staff development and career opportunities; preparation for changes in technology or organizational structure; the work environment and leadership support; workload; communication, cooperation, and teamwork; job security; compensation; equality of opportunity; appreciation of the differing needs of diverse employee groups; and the capacity to provide required services to students.
- In addition to direct measures of staff satisfaction and well-being through formal or informal surveys, some other indicators include: safety, absenteeism, turn-over, grievances, Occupational Safety and Health Administration (OSHA) reportable factors, and worker's compensation claims.
- Factors inhibiting motivation should be understood and addressed by your department. Further understanding of these factors could be developed through exit interviews with departing staff.

5.3 Staff Well-Being and Satisfaction – This item examines how your department maintains a work environment and staff support climate that contribute to the well-being, satisfaction, and motivation of all staff.

5.3a Work Environment

62. *We ensure a safe, secure, and healthful workplace and include staff participation in improving it by (include performance measures or targets for each workplace factor)... (If you have different staff groups and work units in different work environments, share what those difference factors are and the different performance measures or targets.)*

63. *Our workplace is prepared for emergencies or disasters, including business continuity, and the plan is kept alive and current by...*

5.3b Staff Support and Satisfaction

64. *We determine the specific needs and factors that affect our department's diverse (to include different categories and types) staff well-being, satisfaction, and motivation by...*

65. *Texas A&M's Human Resources provides the following services, benefits, and policies to support our diverse staff groups...*

66. *The formal (staff retention, absenteeism, grievance, safety, and productivity) and informal methods and measures we use to determine our diverse staff well being, satisfaction, and motivation are...*

67. *We relate the findings of staff satisfaction to key departmental performance results to identify priorities for improving the work environment and staff support climate by analyzing...*

Item 5.3 Staff Well-Being and Satisfaction Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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5.0 Staff Focus Summary

<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Strengths</div>	1. 2. 3. 4.
<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Opportunities for Improvement</div>	1. 2. 3. 4.
<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Actions (What, Who, When, Needs)</div>	1. 2.

- 3.
- 4.
- 5.

Item 5.0 Staff Focus Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 6
Self-Assessment for Process Management:
Managing Process Effectively

The Process Management Category examines the key aspects of your department's process management, including key student learning and student development-centered processes for your programs, activities, and services that create student, stakeholder, and departmental value. It also includes key support processes. This Category encompasses all key processes and all work units within the department.

Process Management is the focal point within all the criteria for all key processes. Built into the Category are the central requirements for efficient and effective process management: effective program design and delivery; a focus on student learning and development; linkage to students, stakeholders, suppliers and partners and a focus on learning and development-centered processes that create value for all key stakeholders; and evaluation, continuous improvement, and departmental learning.

"Agility" refers to your ability to adapt quickly, flexibly, and effectively to changing requirements. Depending on the nature of your department's mission, strategy and future students, agility might mean rapid change from a particular program offering to another, rapid response to changing demands, or the ability to produce a wide range of customized services. Agility also increasingly involves decisions to outsource, agreements with key suppliers, and novel partnering arrangements. Flexibility might demand special strategies, such as sharing staff and facilities and providing specialized training. It is crucial to utilize key measures for tracking all aspects of your overall process management.

Category 6.1 Guidelines
Student Learning and Development-Centered Processes

Purpose

This item examines your department's key student learning and development-centered processes for your programs and offerings, with the aim of creating value for students and other key stakeholders and improving your department's overall effectiveness.

Requirements

You are asked to identify your key student learning and development-centered processes and their requirements. You are asked how these processes are designed, implemented, and delivered to meet all your requirements and how you incorporate input from students, stakeholders, and partners, as appropriate. You also are asked how you address key factors in design effectiveness, including individual differences in student learning rates and styles and their assessment; information on student segments and/or individual students; changing student, stakeholder, and future student requirements, new technology; and sequencing and linkages among offerings.

You are asked how your processes create value for all stakeholders and how they maximize student success and growth.

You are asked to include how key formative and summative assessment of students, in-process measures of programs and offerings, and real-time student, staff, and stakeholder input are used in managing your programs and services, as appropriate. You are asked how you incorporate a measurement plan that makes effective use of formative and summative assessment and how you ensure that staff are prepared to implement programs and offerings.

You are asked to identify your key performance measures for the control and improvement of your student learning and development-centered processes and support services including how in-process measures and student, stakeholder, supplier, and partner feedback are used.

Finally, you are asked how you improve your student learning and development-centered processes and support services to achieve better performance and keep them current with changing needs and directions. You are asked how improvements are shared to achieve departmental learning.

Comments

- This item calls for information on the management and improvement of key student learning and development-centered processes for the design and delivery of programs, services and delivery processes. The information required includes a description of the key processes, their specific requirements, and how performance relative to these requirements is determined and maintained. Increasingly, these requirements might include the need for agility – speed and flexibility – to adapt to change.
- Programs and services refer to all activities that engage students in learning or that contribute to scientific or scholarly investigation. Design of programs and services requires the identification of critical points in the student learning and development process for measurement, observation, or intervention.
- Support services refers to those offerings considered most important to delivering student learning, development and student success. Given the diverse nature of these processes, the requirements and performance characteristics might vary significantly for different processes; however, coordination and integration of design requirements may help ensure effective linkage and performance.
- “Education delivery” refers to program and service approaches, i.e., modes of organizing activities and experiences so that effective learning takes place. Coordination of design and delivery processes should involve representatives of all work units and individuals who take part in the delivery and whose performance affects overall student learning and development outcomes.
- Achieving expected student learning and development frequently requires setting performance levels or standards against which to gauge progress and to guide decision-making in design and delivery of programs. Preparing for individual differences in students requires understanding those differences and associated strategies to capitalize on strengths, and overcome obstacles in styles and rates of learning.
- Ensuring that staff are properly prepared may require helping them gain subject matter expertise; an understanding of cognitive/social-emotional or ethical development; knowledge of teaching strategies, as appropriate; skills in facilitation and learning assessment; an understanding of how to recognize and use learning research theory information; and skills in reporting and analyzing information and data on student growth and development.
- Your design approaches could differ appreciably depending on many factors, including your department’s mission; your future student segments; the methods of delivery; and students’ ages, experiences, and capabilities. Other factors that might need to be considered in design include

capability and variability of staff, differences among students, long-term performance, assessment capability, student and stakeholder expectations, and safety.

- Efficiency and effectiveness factors such as addressing sequencing and linkages among programs and services should take into account the various stakeholders in the learning and development process. Transfer of learning from past design projects, as well as among and across classifications, departments and other University entities, can improve the design and delivery process and contribute to reduced cycle time in future efforts.
- This item calls for information on the incorporation of new technology, including communication with students and giving them continuous (24/7) access; sharing information with staff and other stakeholders; and providing automated information transfer.
- A measurement plan includes observations and measures or indicators that are used to provide timely information to help students and staff improve learning. Formative and summative assessments need to be tailored to the program and/or service goals and might range from purely individualized to group-based assessments. In addition to these assessments, observations and measures and indicators might include participation figures, student evaluations, complaints, and feedback from students and families. Among the key factors to be addressed in assessment are ensuring appropriate comparisons among student groups and the relevance of assessment criteria to your mission and objectives. Differences among student groups must be a critical consideration in the evaluation of key processes. In addition, assessment optimally should be related to the knowledge and skill requirements of programs and services, and assessment should provide students and others with key information about what students know and are able to do.
- Specific reference is made to in-process measurements of programs and services and to student, staff, and stakeholder input. These measurements and interactions require the identification of critical points in the learning and/or program delivery process for measurement, observation, or interaction. These activities should occur at the earliest points possible in the process to minimize problems, failure, and costs. Achieving desired performance frequently requires setting performance levels or standards to guide decision-making. When the learning or program outcomes do not occur sufficiently, corrective action is required. Proper corrective action involves changes at the source (root cause) of the problem. Such corrective action should minimize the likelihood of this type of variation occurring again or elsewhere in your department. Differences among students and student segments must be considered in evaluating how well the process is performing. This might entail allowing for specific or general contingencies, depending on student differences and needs.

Improving organizational performance means not only providing better learning or developmental value for the students but also better operational performance from the department's perspective. A wide variety of improvement approaches might be used depending on the program or service and many student-specific factors. These approaches include (1) using information from students, families, and faculty; (2) benchmarking practices of other departments or organizations; (3) using assessment results; (4) conducting peer evaluation; (5) using research on learning, assessment, and methodology specific to your department's enterprise; (6) collecting information on the use of new learning technology; and (7) sharing successful strategies across the department and/or Division. Process improvement approaches also might utilize financial data to evaluate alternatives and set priorities. In some cases, improvement of processes might entail complete redesign of the content and/or delivery of programs and services.

6.1 Student Learning and Development-Centered Processes – This item examines how your department identifies and manages key processes for creating student and stakeholder value and maximizing student learning, development and success.

6.1a Student Learning and Development-Centered Processes

68. We determine student learning and student development-centered processes and prioritize them to deliver our programs, services and activities. These processes include the following (also include a

description of how the process contributes to students' educational, developmental, and well-being needs and maximize success)....

69. Requirements for each of the student learning and development-centered processes are determined by the following methods (include the requirements for each process; how you incorporate input from students, faculty, staff and stakeholders, as appropriate; how you ensure that staff are properly prepared to deliver these processes; how you anticipate and prepare for individual differences in learning and development rates and styles; and how information on student segments is developed and used to engage all students in active learning)....

70. We design our key learning and development-centered processes to include all key requirements (including new technology, departmental knowledge, cycle time and other efficient, effectiveness factors) by...

71. Processes are introduced to ensure that learning and development-centered processes meet the key requirements specified in their design and that they meet student needs by...

72. The way we manage our day-to-day operation of key learning and development-centered processes to ensure they are meeting requirements is (include key measures used for controlling and improving each process)....

73. We incorporate student/stakeholder, faculty, staff and partner input in managing these processes by...

74. We improve our learning and development-centered process to maximize student success; to improve programs, activities, and services; and to keep the processes current with educational needs and directions by...(Include how you share improvement with other departments in the Division of Student Affairs.)

Item 6.1 Student Learning and Development-Centered Processes Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 6.2 Guidelines Support Processes

Purpose

This item examines your department's key support processes, with the aim of improving your overall operational performance.

Requirements

You are asked to identify your key processes for supporting your student learning and development-centered processes. You are asked how your departments' key support processes are designed to meet all your requirements and how you incorporate input from staff, as appropriate. You also are asked how day-to-day operation of your key support processes ensures meeting the key requirements, including how in-process measures and staff feedback are used in managing support processes.

You are asked how you minimize costs associated with inspections, tests, and process/or performance audits of support processes, as appropriate.

Finally, you are asked how you improve your key support processes to achieve better performance and to keep them current with your departmental needs and directions. You are asked how improvements are shared to achieve organizational learning.

Comments

- Your support processes are those that are considered most important for support of your department's design and delivery of programs and services. The support process requirements usually do not depend significantly on the characteristics of programs or services. Support process design requirements usually depend significantly on your internal requirements, and they must be coordinated with support process suppliers and integrated to ensure efficient and effective linkage and performance. Support processes might include processes for finance and accounting; facilities management; legal, human resources, and future student services; information services; public relations; purchasing; management of suppliers/partners; and secretarial and other administrative services.
- The item calls for information on how your department evaluates and improves the performance of your key support processes. Four approaches frequently used are (1) process analysis and research, (2) benchmarking, (3) use of alternative technology, and (4) use of information from customers of the processes. Together, these approaches offer a wide range of possibilities, including complete redesign ("reengineering") of processes.

6.2 Support Processes – This item examines how your department manages its key processes that support student learning and development (human resource functions, accounting, technology support, custodial, administration and the like).

6.2a Support Processes

75. *Our key support processes are determined based upon their importance in facilitating the student learning and development-centered processes. These support processes and requirements for each are...*

76. *Requirements for key support processes are determined through (include input from faculty, staff, students, stakeholders, and partners, as appropriate)...*

77. *We design our support processes to include the key requirements (including new technology usage, past learning/departmental knowledge, cycle time, productivity, cost control, and other efficiency and effectiveness factors) by...*

78. *We implement these support processes to ensure they do what they are designed to do by...*

79. *The measures we use to manage our day-to-day operation of key support processes to ensure they are meeting requirements and to provide for their improvement are...(include how you incorporate student, stakeholder, faculty, staff, and partner input)*

80. *We minimize overall costs associated with inspections, tests, and process or performance audits and prevent errors and rework of support process by...*

81. *Our support process are evaluated and improved regularly to provide better performance, reduce variability, improve outputs, and keep them current with our departmental needs. These improvements then are shared with other organizational units. This is accomplished by...*

Item 6.2 Support Processes Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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6.0 Process Management Summary

Strengths

- 1.
- 2.
- 3.
- 4.

Opportunities for Improvement

- 1.
- 2.
- 3.
- 4.

Actions (What, Who, When, Needs)

- 1.
- 2.
- 3.
- 4.
- 5.

Item 6.0 Process Management Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 7 Self-Assessment for Departmental Performance Results: Tracking and Using Key Results

The Departmental Performance Results Category examines your department's performance and improvement in key areas - student learning and development results; student and stakeholder-satisfaction; overall budgetary and financial performance; performance in creating a positive, productive, learning-centered, and supportive work environment for staff; overall departmental performance, and support for the academic mission of the University. Also examined are performance levels relative to competitors, comparable departments, and/or appropriately selected departments at other institutions.

Through this focus, the Stage 2, Comprehensive Program Review's purposes – superior value of programs and activities as viewed by your students and stakeholders; superior organizational performance as reflected in your operational, legal, ethical and financial indicators; and departmental and personal learning – are maintained. Category 7 thus provides “real-time” information (measures of progress) for evaluation and improvement of programs and services and the department's

processes, in alignment with your overall departmental strategy. (Category 4.1 calls for analysis of departmental results data and information to determine your overall department performance.)

Your responses to all of the items in Category 7 should include comparison information that incorporates brief descriptions of how you ensure the appropriateness of each comparison. Comparable departments/organizations might include those of similar types/sizes, as well as departments serving similar populations of students.

Category 7.1 Guidelines **Student Learning and Development Results**

Purpose

This item examines your department's student learning results, with the aim of demonstrating the effectiveness of programs and activities. (It is understood that not all Student Affairs programs and activities have student learning outcomes, but many do, could or should.)

Requirements

You are asked to provide current levels, trends, and appropriate comparisons for key measures and indicators of student learning and improvements in student learning.

Comments

- This item addresses the principal student learning and development results based upon mission-related factors and assessment methods. This item is critical for your departmental assessment, because it focuses on improvement by the department over time and achievement levels relative to comparable departments or programs. Proper use of this item depends on appropriate normalization of data to compensate for initial differences in student populations.
- The following considerations are critical to understanding this item: (1) student learning should reflect holistic and department mission-related results; (2) current levels and trends should be reported and used for comparisons with other departments providing similar services, as well as demonstrate year-to-year improvement; and (3) data should be segmented by student groups to permit an analysis of trends and comparisons that demonstrates the departments sensitivity to the improvement of and success for all students.
- Student learning results should reflect not only what students know but also what they are able to do and how well they are able to function as a result of your department's programs and services. Results should consider external requirements derived from your future students and from other organizations providing similar services. Appropriate for inclusion are formative and summative assessment results that address key learning goals and overall performance requirements. Additionally, assessments should be embedded and ongoing, allowing for prompt feedback.
- Determining the correlation between program design and delivery and student learning and development is a critical management tool for (1) defining and focusing on key programmatic requirements; (2) identifying program service differentiators; (3) determining cause-and-effect relationships between your service attributes and evidence of student and stakeholder satisfaction and persistence in departmental programs and activities. The correlation might reveal emerging or changing requirements, changing future students, or potential obsolescence of departmental offerings.

7.1 Student Learning and Development Results – This item summarizes your department's key student learning and development results. Segment your results by student and future student segments, as appropriate. Include appropriate comparative data relative to benchmark

departments in other institutions, comparable Student Affairs departments at Texas A&M, competitors, and student populations.

7.1a Student Learning and Development Results

82. Our current levels and trends in key measures or indicators of student learning and development including improvement in student learning and development are...

83. When we compare our results with data from other Student Affairs departments, other benchmark organizations and other appropriate student and future student segments, we find...

Item 7.1 Student Learning and Development Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 7.2 Guidelines Student- and Stakeholder-Focused Results

Purpose

This item examines your department's student- and stakeholder-focused results, with the aim of demonstrating how well your department has been satisfying students' and stakeholders' key needs and expectations that affect satisfaction, loyalty, persistence, and positive referral.

Requirements

You are asked to provide current levels, trends, and appropriate comparisons for key measures/indicators of the satisfaction and dissatisfaction of current and past students and key stakeholders. You also are asked to provide current levels and trends in key measures/indicators of student- and stakeholder-perceived value, loyalty, persistence, positive referral, and other aspects of relationship building, as appropriate.

Comments

- This item focuses on the creations and use of all relevant data to determine and help predict your department's performance as viewed by students and stakeholders. Relevant data and information include student and stakeholder satisfaction and dissatisfaction; gains and losses in student participation; positive referrals; complaints; student- and stakeholder-perceived value; student assessment of accessibility and availability of programs, services and activities; and awards, ratings, and recognition from independent rating or accrediting organizations.
- Effectively used, satisfaction results provide important indicators of departmental effectiveness and improvement. Effective use entails understanding the key dimensions of satisfaction and dissatisfaction, recognition that satisfaction and dissatisfaction with programs, services and activities and/or performance might differ among student and stakeholder segments, and recognition that satisfaction and dissatisfaction might change over time. The underlying purpose of the item is not only to ensure that satisfaction levels provide a useful tool in assessing key climate factors that contribute to or inhibit learning and programmatic outcomes but also to encourage inclusion of a learning and growth dimension in satisfaction measurement. Satisfaction results are thus principally enablers, not an end in themselves. Together, the results reported in item 7.2 should help guide action leading to improved student outcomes, recognizing that the

action might address climate, staff development, program design and delivery, and many other factors. The item should not be interpreted as emphasizing “popularity” or other short-term, noneducational aims.

7.2 Student- and Stakeholder-Focused Results – This item summarizes your department’s key student- and stakeholder-focused performance results, including student and stakeholder satisfaction. Segment your results by student and stakeholder groups and future student segments, as appropriate. Include appropriate comparative data.

7.2a Student- and Stakeholder-Focused Results

84. Our current levels, trends and appropriate comparisons in key measures or indicators of student and stakeholder satisfaction and dissatisfaction, including measures of perceived value, persistence, positive referral and other aspects of relationship effectiveness are...

Item 7.2 Student- and Stakeholder-Focused Results Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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**Category 7.3 Guidelines
Budgetary and Financial Results**

Purpose

The item examines your department’s budgetary and financial results, with the aim of understanding your management and effective use of financial resources, challenges and opportunities.

Requirements

You are asked to provide levels, trends, and appropriate comparisons for key budgetary and financial indicators. Overall, these results should provide a complete picture of the effectiveness of management and use of financial resources.

Comments

- This item addresses those factors that best reflect the department’s financial, budgetary, and future student performance. Measures of budgetary and financial performance might include income, expenses, and reserves; program expenditures as a percentage of budget; annual budget increases or decreases; resources redirected to your department from other areas. Comparative data for these measures might include performance relative to comparable departments and important benchmarks from within and outside the academic community.

7.3 Budgetary and Financial Results - This item summarizes your department’s key budgetary and financial performance results by segments, as appropriate. Include appropriate comparative data.

7.3a Budgetary and Financial Results

85. *Our current levels and trends in key measures or indicators of budgetary and financial performance (such as revenue, expenses, reserves, and endowments; annual grants/awards; program expenditures as a percentage of budget; annual budget increases or decreases; and resources redirected to your department from other areas) are...*

Item 7.3 Budgetary and Financial Results Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 7.4 Guidelines Staff Results

Purpose

This item examines your department's staff-related results, with the aim of demonstrating how well your department has been creating and maintaining a positive, productive, learning-centered, and caring work environment for all staff.

Requirements

You are asked to provide data and information on the performance and effectiveness of your department's work system.

You also are asked to provide current levels, trends, and appropriate comparisons for key measures and indicators of staff learning, development, well-being, satisfaction and dissatisfaction.

Comments

- Results measures reported for work system performance might include improvement in job classification, job rotation and/or sharing, work design, and local decision-making. Results reported might include input data, such as extent of training, but the emphasis should be on data that show effectiveness of outcomes.
- Results reported might include generic or department-specific factors. Generic factors might include safety/risk management, absenteeism, turnover, satisfaction, and complaints (grievances). For some measures, such as absenteeism and turnover, comparisons with other Student Affairs departments might be appropriate.
- Department-specific factors are those you assess for determining your work system performance and your staff well-being and satisfaction. These factors might include the extent of training or cross training or the extent and success of self-direction.

7.4 Staff Results – This item summarizes your department's key staff-related results, including work system performance and staff learning, development, well being and satisfaction. Segment your results to address the diversity of your staff and the different types and categories of staff, as appropriate. Include appropriate comparative data.

7.4a Staff Results

86. *Our current levels, trends and appropriate comparisons in key measures or indicators of staff work system performance and effectiveness are...*

87. *Our current levels, trends, and appropriate comparisons in key measures or indicators of staff learning and development are...*

88. *Our current levels, trends, and appropriate comparisons in key measures or indicators of staff well being, satisfaction and dissatisfaction are...*

Item 7.4 Staff Results Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 7.5 Guidelines
Departmental Effectiveness Results

Purpose

This item examines your department's other key operational results not reported in items 7.1–7.4, with the aim of achieving departmental effectiveness and attaining key departmental goals.

Requirements

You are asked to provide current levels, trends, and appropriate comparisons for key measures and indicators of operational and strategic performance that contribute to enhanced learning and value for all stakeholders and to the ongoing achievement of results reported in items 7.1-7.4.

Comments

- This item addresses key performance results not covered in items 7.1-7.4 that contribute significantly to enhanced student learning and development and to the department's mission and goals. e.g., student learning; student and stakeholder satisfaction; departmental effectiveness; and budgetary and financial performance. The item encourages the use of any unique measures the department has developed to track performance in important areas. However, all key areas of departmental and operational performance should be evaluated by measures that are relevant and important to your department.
- Results should reflect key process performance measures, including those that influence student learning and student and stakeholder satisfaction. Measures of productivity and operational effectiveness, including timeliness in all key areas are appropriate for inclusion. Also appropriate for inclusion are improvements in safety/risk management; hiring and retention equity (Community Plan goals); innovations; increased use of Web-based technologies; utilization of facilities by community organizations, as appropriate; contributions to the Texas A&M and local community; improved performance of administrative and other support functions such as purchasing; cost containment; redirection of resources; and indicators of strategic goal achievement.
- Results from departmental initiatives that specifically support the academic life of students and that integrate the department and the Division of Student Affairs with the academic mission are included here.

7.5 Departmental Effectiveness Results – This item summarizes your department’s key performance results that contribute to opportunities for enhanced learning and development and to the achievement of departmental effectiveness. Segment your results by student and future student segments, as appropriate. Include appropriate comparative data. Summarize your department’s key academic support responsibility results. Segment your results by work units, as appropriate. Include appropriate comparative data.

7.5a Departmental Effectiveness Results

89. *Our current levels, trends, and appropriate comparisons for key measures or indicators of the operational performance of our key student learning and development-centered process including the capacity to improve student performance, student development, campus climate, and responsiveness to student or stakeholder needs and other efficiency and effectiveness measures are...*

90. *Our current levels, trends, and appropriate comparisons for key measures or indicators of the operational performance of our key support processes (productivity, cycle time, progress to strategic goals, and other efficiency and effectiveness indicators are...*

91. *Our current levels, trends, and appropriate comparisons for key measures or indicators of accomplishment of departmental strategic objectives/initiatives are...*

7.5b Academic Support Responsibility Results

92. *Our current levels and trends in key measures or indicators of our department’s support for students’ academic life are...*

93. *Our current levels and trends in key measures or indicators of our department’s integration with the University’s academic mission are...*

Item 7.5 Departmental Effectiveness Results Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Category 7.6 Guidelines **Governance and Social Responsibility Results**

Purpose

This item examines your department’s key governance and social responsibility results, including evidence of fiscal accountability, ethical behavior, any legal or regulatory compliance expectations, and departmental citizenship. Segment your results by work units, as appropriate. This item also includes appropriate comparative data.

Requirements

You are asked to provide your current levels, trends, and appropriate comparisons for key measures or indicators of your department’s fiscal accountability, ethical behavior and student and stakeholder

trust in the governance of your department, any regulatory and legal requirements, and support of key communities.

7.6 Governance and Social Responsibility Results – This item summarizes your department’s key governance and social responsibility results, including evidence of fiscal accountability, ethical behavior, legal compliance, and departmental citizenship. Segment your results by work units, as appropriate. This item also includes appropriate comparative data.

7.6a Governance and Social Responsibility Results

94. Our current levels, trends, and appropriate comparisons for key measures or indicators of our department’s fiscal accountability, ethical behavior and student and stakeholder trust in the governance of our department, regulatory and legal requirements, and support of key communities are...

Item 7.6 Governance and Social Responsibility Results Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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7.0 Departmental Performance Results Summary

<div>Strengths</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div>
<div>Opportunities for Improvement</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div>
<div>Actions (What, Who, When, Needs)</div> <div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div> <div>5.</div>

Item 7.0 Departmental Performance Results Scoring (Circle one)

Not addressed (no systematic approach)	Needs Improvement	Addressed (systematic approach reasonably deployed)	Addressed Well	Awesome! (systematic approach fully deployed, fact-based cycles of improvement)
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Scoring Summary

Instructions: Using the scoring you provided for each item, complete the Summary worksheet on the next page.

First, write the level that you scored your department on the item (e.g., Not Addressed, Needs Improvement, etc.) in the “Score Level” column.

Then, in the “Percent Translation” column, record what that “Score Level” translate to from this legend:

Not Addressed (NA)	= 0%
Needs Improvement (NI)	= 30%
Addressed (A)	= 50%
Addressed Well (W)	= 70%
Awesome! (A!)	= 90%

The possible points for each item are shown in the “Possible Points” column. Multiply the “Possible Points” by the “Percent Translation” for each item and record the answer in the column marked “Assigned Points”.

Once you have completed this for each item, add up the “Assigned Points” column to determine your “Approximate Score” and record it at the bottom of the “Assigned Points” column. This is your total score based on your “best-guess” assessment of each item.

Note: It is very important to note that the scoring level you come up with may or may not be close to what your site review team will score your department due to the subjective nature of this self-assessment. This scoring is provided to merely give you a benchmark to shoot at in your future improvement efforts. Don’t let the possible point values fool you either. The lower or higher point value assigned doesn’t mean that a Category or item is more or less important in the system. For instance, Strategic Planning has a lower point value of 85 – but a poor approach to Strategic Planning also impacts scoring in Category 1, 3, 5, 6, and 7.

Summary Worksheet

Category	Score Level	Percent Translation	Possible Points	Assigned Points
Category 1 – Leadership			120	
1.1 Departmental Leadership			70	
1.2 Social Responsibility			50	
Category 2 – Strategic Planning			85	
2.1 Strategy Development			40	
2.2 Strategy Deployment			45	
Category 3 – Student and Stakeholder Focus			85	
3.1 Student/Stakeholder Knowledge			40	
3.2 Student/Stakeholder Relationships and Satisfaction			45	
Category 4 – Measurement, Analysis, and Knowledge Management			90	
4.1 Measurement and Analysis of Performance			45	
4.2 Information and Knowledge Management			45	
Category 5 – Staff Focus			85	
5.1 Work Systems			35	
5.2 Staff Learning and Motivation			25	
5.3 Staff Well-being and Satisfaction			25	
Category 6 – Process Management			85	
6.1 Student Learning & Development-Centered Processes			50	
6.2 Support Processes			35	
Category 7 – Departmental Performance Results			450	
7.1 Student Learning & Development-Focused Results			75	
7.2 Student and Stakeholder-Focused Results			75	
7.3 Budgetary and Financial Results			75	
7.4 Staff Results			75	
7.5 Departmental Effectiveness Results			75	
7.6 Governance & Social Responsibility Results			75	
Approximate score out of 1000 possible points				

**SUMMARY OF HIGHEST IMPACT
ACTION ITEMS FOR IMPROVEMENT**

The hardest part of any self-assessment exercise is deciding what to do with the results! This is a tool that you can use to help you focus your organization on those things that are most important and which will provide you the biggest “bang-for-your-buck”.

Instructions: Review your Category Summary pages that you completed at the end of each Category. Here you noted opportunities for improvement and potential actions. From those lists for each Category, select the two or three most important actions that you have listed. Transfer those to the worksheet below.

Category 1: Leadership

- 1. _____
- 2. _____
- 3. _____

Category 2: Strategic Planning

- 1. _____
- 2. _____
- 3. _____

Category 3: Student, Stakeholder, and Future Student Focus

- 1. _____
- 2. _____
- 3. _____

Category 4: Information and Analysis

- 1. _____
- 2. _____
- 3. _____

Category 5: Staff Focus

- 1. _____
- 2. _____
- 3. _____

Category 6: Process Management

- 1. _____
- 2. _____
- 3. _____

Category 7: Departmental Performance Results

- 1. _____
- 2. _____
- 3. _____

Action Prioritization

Now prioritize the actions items that address the most significant gaps between your key indicators for success and your current situation. You will want to prioritize your most important actions to ensure that you are directing your limited resources to the most important high-impact areas for improvement. This worksheet might help.

Instructions: Take a look at what you listed in the Highest Impact Opportunities on the previous pages. From this list select eight to ten of the most significant, or those that can be accomplished quickly with a high impact on results. Focus on impact on results. These are your department's *critical few* opportunities. Save the rest to address in the future for cycles of improvement.

Enter those eight to ten areas in the list below. From these you can create action plans – either using the forms on the next page, or using an approach of your own.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

If you wish to address all of your action items for improvement, create another second or third tier of action prioritization for consideration upon completion of the critical areas above.

ACTION PLANNING

Now that you have identified and prioritized the eight to ten most important opportunities for improvement, you are ready to establish an action plan to address the issues. Be sure Division management is supportive of and agrees to the action plan. Also, be sure that the planned actions tie to future strategic plans, are supportive of those plans, or that the strategic plan will be updated as a result of the action.

The following format will help you think through these plans and develop approaches to proceed. Plan suggestions are consistent with Texas A&M University's Institutional Effectiveness (IE) for ease of converting CPR action plans to annual IE or Division of Student Affairs strategic initiatives.

Action Plan 1

- ☐ Statement of Opportunity
- ☐ Objective Stated as a Program, Performance or Student Learning Outcome
- ☐ Measurement of Success (What methods with you use to evaluate your progress?)
- ☐ Criteria for Success (as measured above)
- ☐ Action steps (steps required to accomplish the improvement)
 1.
 2.
 3.
 4.
 5.
- ☐ Due Date/Time Line
- ☐ Responsible Person(s)
- ☐ Resources and/or Finances Required

Action Plan 2

- ☐ Statement of Opportunity
- ☐ Objective Stated as a Program/Performance or Learning Outcome
- ☐ Criteria for Success
- ☐ Measurement of Success
- ☐ Action steps (steps required to accomplish the improvement)
 6.
 7.
 8.
 9.
 10.
- ☐ Due Date/Time Line
- ☐ Responsible Person(s)
- ☐ Resources and/or Finances Required

APPENDIX A

GLOSSARY OF KEY TERMS

The Glossary of Key Terms defines and briefly describes terms used throughout the CPR manual that are important to performance management.

Action Plans: Specific actions that respond to short- and longer-term strategic objectives. Action plans include details of resource commitments and time horizons for accomplishment. Action plan development represents the critical stage in planning when strategic goals, objectives and outcomes are made specific so that effective department-wide understanding and deployment are possible. In the Criteria, deployment of action plans includes creation of aligned measures for programs and services within the department. Deployment might also require specialized training for some staff or the recruitment of personnel.

See the definition of “strategic objectives” and “measures” for descriptions of this related terms.

Active Learning: Interactive experiential or instructional techniques that engage students in such higher-order thinking tasks as analysis, synthesis, and evaluation. Students engaged in active learning may use resources such as libraries, Web sites, interviews, or focus groups to obtain information. They may demonstrate their abilities to analyze, synthesize and evaluate through projects, presentations, programs, peer teaching, or written documents. Students involved in active learning often organize their work, research information, discuss and explain ideas, observe demonstrations or phenomena, solve problems, and formulate questions of their own. Active learning is often combined with cooperative or collaborative learning in which students work interactively in teams that promote interdependence and individual accountability to accomplish a common goal.

Alignment: The term “alignment” refers to consistency of plans, processes, information, resource decisions, actions, results, analysis, and learning to support key department-wide goals. Effective alignment requires a common understanding of purposes and goals and use of complementary measures and information for planning, tracking, analysis, and improvement at three levels: the departmental level/senior leader level; the key process level; and the program, service, or individual level.

Analysis: The examination of facts and data to provide a basis for effective decisions. Overall departmental analysis guides process management toward achieving key departmental results and toward attaining strategic objectives/initiatives.

Despite their importance, individual facts and data do not usually provide an effective basis for actions or setting priorities. Actions depend on an understanding of relationships derived from analysis of facts and data.

Anecdotal: Process information that lacks specific methods, measures, deployment mechanisms, and evaluation/improvement/learning factors. Anecdotal information frequently uses examples and describes individual activities, rather than systematic processes.

An anecdotal response to how senior leaders deploy performance expectations might describe a specific occasion when a senior leader gathered outcome information from a conversation with a single student. On the other hand, a systematic approach might be the outcomes measures used by all senior leaders to deliver performance expectations on a regular basis, the measures used to assess effectiveness of the methods, and the tools and techniques use to evaluate and improve the outcomes measures.

Approach: How a department addresses the Criteria item requirement, i.e. the methods used by the department. The factors used to evaluate approaches include

- the appropriateness of the methods to the requirements

- the effectiveness of use of the methods and the degree to which the approach
 - is repeatable, integrated, and consistently applied
 - embodies evaluation/improvement/learning cycles
 - is based on reliable information and data
- alignment with your departmental needs
- evidence of beneficial innovation and change

Basic Requirements: The most central concept of an item. Basic requirements are the fundamental theme of that item. In each Criteria, the basic requirements of each item are presented as the item title printed in bold.

Benchmarks: Processes and results that represent best practices and performance for similar activities, inside or outside the student affairs profession. Departments engage in benchmarking activities to understand the current dimensions of world-class performance and to achieve nonincremental or breakthrough improvement.

Benchmarks are one form of comparative data. Other comparative data departments might use include data collected by a third party (such as professional organizations such as ACUI, ACHUO-I, ACHA, ASJA, NODA, NASPA, ACPA etc. or consulting firms), data on performance of comparable student affairs departments (such as averages collected by the Big 12), and comparisons with similar organizations in the same geographic area.

Cycle time: Time required to fulfill commitments or to complete tasks. It refers to all aspects of time performance. Cycle time performance might include time to respond to changing student and stakeholder needs, design time for new programs and processes, and other key measures of time.

Deployment: The extent to which a department's approach is applied to the requirements of a Criteria item. Deployment is evaluated on the basis of the breadth and depth of application of the approach to relevant processes and work units throughout the department. The factors used to evaluate deployment include

- use of the approach in addressing item requirements relevant and important to your department
- use of the approach by all appropriate work units

Education Delivery: Modes of organizing activities and experiences so that effective learning and development takes place. Education delivery may include active learning (see above), cooperative or collaborative learning (work in teams that promote interdependence and individual accountability to accomplish a common goal), distance education, distributed learning, teleconferencing and the like.

Effective: How well an approach, a process, or a measure addresses its intended purpose. Determining effectiveness requires the evaluation of how well a need is met by the approach taken, its deployment, or the measure used.

Empowerment: Giving staff the authority and responsibility to make decisions and take actions. Empowerment results in decisions being made closest to students and stakeholders, where work-related knowledge and understanding reside.

Empowerment is aimed at enabling staff to respond to students' needs, to improve process, and to improve student learning and development. Empowered staff required information to make appropriate decisions; thus, a departmental requirement is to provide that information in a timely and useful way.

Formative Assessment: Frequent or ongoing evaluation during programs or learning experiences that gives an early indication of what students are learning. Formative assessment is often used as a

diagnostic tool for students and staff, providing information with which to make real-time improvements in activities, techniques, and approaches. Approaches to formative assessment might include projects; portfolios; journals; observations of the learning process and learning outcomes; discussion groups; performances; self-assessments, or test that occur during the program or activity, when student and staff can benefit from the information and improve.

Goals: A future condition or performance level that the department intends to attain. Goals can be both short- and longer-term. Goals are ends that guide action. Quantitative goals or “targets” include a numerical point or range. Targets might be projections based on comparative and/or competitive data. A “stretch” goal refers to desired major, discontinuous (nonincremental) or breakthrough improvements, usually in areas most critical to your department’s success.

Goals can serve many purposes, including

- clarifying strategic objectives and action plans to indicate how success will be measured
- fostering teamwork by focusing on a common end
- encouraging “out of the box” thinking to achieve a stretch goal
- providing a basis for measuring and accelerating progress

Governance: The system of management and controls exercised in the stewardship of your department. It includes the responsibilities of the senior leaders of your organization. A combination of federal, state, and municipal regulations, charters, by-laws, and policies documents rights and responsibilities and describes how your department will be directed and managed.

High-performance work: Work approaches used to systematically pursue ever higher levels of overall departmental and individual performance, including quality, productivity, innovation rate, and cycle time performance. High-performance work results in improved programs and services for students and stakeholders.

Approaches to high-performance work vary in form and function. Effective approaches frequently include cooperation among leaders, administrators, and staff; cooperation among departmental work units, often involving teams; self-directed responsibility and staff empowerment; staff input to planning; individual and departmental skill building and learning; learning from other organizations; flexibility in job design and work assignments; a flattened organizational structure, where decision making is decentralized and decisions are made closest to the students and stakeholders; and effective use of performance measures, including comparisons. Many high-performance work systems use monetary and nonmonetary incentives based upon factors such as organizational performance, team and/or individual contributions, and skill building. Also, high-performance work approaches usually seek to align the organization’s structure, work, jobs, staff development, and incentives.

How: The processes than a department uses to accomplish its mission requirements. Process descriptions should include information such as methods, measures, deployment and evaluation/improvement/learning factors.

Innovation: Making meaningful change to improve programs, services, and/or processes and create new value for students and stakeholders. Innovation involves the adoption of an idea, process, technology, or product that is either new or new to its proposed application.

Successful organizational innovation is a multistep process that involves development and knowledge sharing, a decision to implement, implementation, evaluation, and learning. Although innovation is often associated with technological innovation, it is applicable to all key organizational processes that would benefit from change, whether through breakthrough improvement or change in approach or outputs.

Integration: The harmonization of plans, processes, information, resource decisions, actions, results, analysis, and learning to support key departmental-wide goals. Effective integration is achieved when the individual components of a performance management system operate as a fully interconnected unit.

See *alignment* for a description of this related term.

Key: The major or most important elements or factors, those that are critical to achieving your intended outcome. The Criteria, for example, refer to key challenges, key plans, key processes, and key measures – those that are most important to the department’s success. They are the essential elements for pursuing or monitoring a desired outcome.

Knowledge Assets: The accumulated intellectual resources of your department. It is the knowledge possessed by your department and its staff in the form of information, ideas, learning, understanding, memory, insights, cognitive and technical skills, and capabilities. Staff, software, databases, documents, guides, and policies and procedures are repositories of a department’s knowledge assets. Knowledge assets are held not only by a department but also reside within its students and stakeholders, suppliers, and partners.

Knowledge assets are the “know how” that your department has available to use, to invest, and to grow. Building and managing its knowledge assets are key components for the department to create value for its students and stakeholders.

Leadership system: How leadership is exercised, formally and informally, throughout the department – the basis for and the way that key decisions are made, communicated, and carried out. It includes structures and mechanisms for decision-making; selection and development of senior leaders; and reinforcement of values, directions, and performance expectations.

An effective leadership system respects the capabilities and requirements of staff and other stakeholders, and it sets high expectations for performance and performance improvement. It builds loyalties and teamwork based upon the department’s values and the pursuit of shared goals. It encourages and supports initiative and appropriate risk taking, subordinates organization to purpose and function, and avoids chains of command that require long decision paths. An effective leadership system includes mechanisms for the leaders to conduct self-examination, receive feedback, and improve.

Levels: Numerical information that places or positions a department’s results and performance on a meaningful measurement scale. Performance levels permit evaluation relative to past performance, projections, goals, and appropriate comparisons.

Measures and Indicators: Information (quantitative and qualitative) that quantifies input, output and performance dimensions of programs, processes, services and the overall department (outcomes). Measures and indicators might be simple (derived from one measure) or composite.

The Criteria do not make a distinction between measures and indicators. Some users prefer the word “indicator” for performance that is not a direct measure (number of complaints is an indicator of dissatisfaction but not a direct measure of it) or when the measurement is a predictor (“leading indicator”) of some more significant performance (e.g., a gain in student satisfaction might be a leading indicator of student persistence).

Mission: The overall function of a department. The mission answers the question, “What is this department attempting to accomplish?” The missions might define students, stakeholders, or future students served; distinctive competencies; or technologies used.

Multiple Requirements: The individual questions you need to answer within each Area to Address. These questions constitute the details of an item's requirements. These questions constitute the details of an item's requirements. They are presented in black text under each item's Area(s) to Address.

Overall Requirements: The specific Areas criteria self-study members need to address when responding to the central theme of an item. Overall requirements address the most significant features of the item requirements.

In the Criteria, overall requirements are presented as an introductory sentence(s) printed in bold.

Partners: Refers to other departments, other divisions within the institution, other schools, and parents, as appropriate, with which your organization has cooperative relationships for purposes of ensuring effective student success.

Performance: The output results and their outcomes obtained from processes and services that permit evaluation and comparison relative to goals, standards, past results, and other organizations. Performance might be expressed in nonfinancial and financial terms.

Performance Excellence: An integrated approach to departmental performance management that results in (1) delivery of every-improving value to students and stakeholders, contributing to improved education and service quality; (2) improvement of overall departmental effectiveness and capabilities; and (3) departmental and personal learning. The Criteria provide a framework and an assessment tool for understanding departmental strengths and opportunities for improvement and thus for guiding planning efforts.

Performance Projections: Estimates of future performance or goals for future results in programmatic, process and student learning and development. Projections may be inferred from past performance, may be based on performance of comparable or competitive departments or organizations, or may be predicted on the basis of future students. Projections integrate estimates of your department's rate of improvement and change, and they may be used to indicate where breakthrough improvement or change is needed. Thus, performance projections serve as a key planning management tool.

Persistence: The continued attendance or participation by students (from term-to-term, semester-to-semester, grade-to-grade) toward the completion of an educational goal or training objective.

Process: Method(s) by which outcomes are produced. Often processes are linked activities for the purpose of producing a program or service for students and/or stakeholders within or outside the department. Generally, processes involve combinations of people, tools, techniques and materials in a systematic series of steps or actions. In some situations, processes might require adherence to a specific sequence of steps, with documentations (sometimes formal) of procedures and requirements, including well-defined measurement and control steps. (For example, application to be a recognized student organization)

In service situations such as education, especially in situations where those served are directly involved in the service, process is used in a more general way to spell out what must be done, possibly including a preferred or expected sequence. If the sequence is critical, the service needs to include information to help those served understand and follow the sequence. Such service processes also require guidance to the providers of these services on handling contingencies related to possible action or behaviors of those served. (For example, the selection, training, and support of Fish Camp counselors)

In knowledge work such as teaching, strategic planning, research, development, and analysis, process does not necessarily imply formal sequence of steps. Rather, process implies general understandings

regarding competent performance such as timing, options to be included, evaluation, and reporting. (For example, the assessment of student leadership development)

Productivity: Measures of the efficiency of resource use. Although the term often is applied to single factors such as staffing, materials and capital, the productivity concept applies as well to the total resources used in meeting the department's objectives. The use of an aggregate measure of overall productivity allows a determination of whether the net effect of overall changes in a process – possible involving resource tradeoffs – is beneficial.

Purpose: The fundamental reason that the department exists. The primary role of purpose is to inspire a department and guide its setting of values. Purpose is generally broad and enduring. Two departments providing different services could have similar purposes, and two departments providing similar services could have different purposes.

Results: Outputs and outcomes achieved by an organization in addressing the purposes of a Criteria item. Results are evaluated on the basis of:

- current performance
- performance relative to appropriate comparisons
- the rate, breadth and importance of your performance improvements
- relationship of results measures to key organizational performance requirements

Root Cause: The basic reasons for an existing problem or condition.

Senior Leaders: Those with the main responsibility for managing the overall department. That might include the head of the department and his or her direct reports. "Senior leadership" is defined uniquely by each department in the Division of Student Affairs. In some cases this might be the director and associate and assistant directors. In other departments it might include coordinators of programs and services. It is the purview of each department to define senior leadership and to include this description in the body of the document where appropriate.

Stakeholders: All groups that are or might be affected by a department's actions and success. Examples of key stakeholders might include parents, parent organizations, faculty, staff, boards, former students, employers, other schools, funding entities, and local/professional communities. Although students are commonly thought of as stakeholders, for purpose of emphasis and clarity, the Criteria refer to students and stakeholders separately.

Strategic Challenges: Those pressures/forces that exert a decisive influence on a department's likelihood of future success. These challenges frequently are driven by a department's future competitive position relative to other providers of similar products or services. While not exclusively so, strategic challenges are generally but not exclusively externally driven. However, in responding to an external strategic challenge, a department may face internal strategic challenges.

External strategic challenges may relate to student, stakeholder, or future student needs/expectations; changes in programs or offerings; technological changes; or budgetary, financial, societal, and other risks. Internal strategic challenges may refer to the department's capabilities or its staff and other resources.

See the definition of *strategic objectives* below for the relationships between strategic challenges and the strategic objectives a department articulates to address key challenges.

Strategic Objectives/Initiatives: A department's articulated aims or responses to address major change/improvement and/or competitiveness issues. Strategic objectives generally are focused externally and relate to significant student/stakeholder, future student, service, or technological opportunities and challenges (strategic challenges). Broadly stated, they are what a department must

achieve to meet/exceed mission/vision requirements and expectations. Strategic objectives/initiatives set a department's longer-term directions and guide resource allocations and redistributions.

See the definition of *action plans* for the relationship between strategic objectives and action plans.

Student Segments: Groups of students with similar needs. The basis for the groupings might reflect their co curricular interests, learning styles, service delivery, living status (on or off campus), mobility, special needs, or other factors.

Summative Assessment: Longitudinal analysis of the learning and performance of students and former students. Summative assessments tend to be formal and comprehensive, and they often cover global subject matter. Such assessment may be conducted at the end of a program and could be compared to the results of pretesting to determine gains and to clarify the causal connections between practices and student learning. For example, use of data from Your First College Year (YFCY) and the National Survey of Student Engagement (NSSE) could be used to support summative assessment of freshman student programs or senior year gains and behaviors.

Systematic: Approaches that are repeatable and use data and information so that improvement and learning are possible. Systematic approaches build in the opportunity for evaluation and learning and thereby permit a gain in maturity.

Trends: Numerical information that shows the direction and rate of change for a department's results. Trends provide a time sequence of departmental performance.

A minimum of three data points generally is needed to begin to ascertain a trend. The time period for a trend is determined by the cycle time of the process being measured. Shorter cycle times demand more frequent measurement, while longer cycle times might require longer periods before a meaningful trend can be determined.

Examples of trends called for by the Criteria include student learning and development results, student, stakeholder and staff satisfaction and dissatisfaction results; program results; budgetary, financial, and future student performance; and departmental performance results, such as student participation, student/staff satisfaction and meeting budget requirements.

Value: The perceived worth of a program, service, process, asset, or function relative to cost and relative to possible alternatives. Departments frequently use value considerations to determine the benefits of various options relative to their costs, such as the value of various programs and service combinations to students or stakeholders.

Departments need to understand what different student and stakeholder groups value and then deliver value to each group. This frequently requires balancing value for students and stakeholders.

Value creation: Processes that produce benefit for students and stakeholders and for the department. They are the processes most important to "running your department" – those that involve the majority of staff and generate programs, services, and offerings, as well as positive departmental results for students and key stakeholders.

Values: The guiding principles and/or behaviors that embody how the department and its people are expected to operate. Values reflect and reinforce the desired culture of the department. Values support and guide the decision-making of all staff, helping the department to accomplish its mission and attain its vision in an appropriate manner.

Vision: The desired future state of a department. The vision describes where a department is headed, what it intends to be, or how it wishes to be perceived.

Work Systems: How your staff is organized into formal or informal units to accomplish your mission and your strategic objectives/initiatives; how job responsibilities are managed; and your processes for compensation, performance management, recognition, communication, and hiring. Departments design work systems to align their components to enable and encourage all staff to contribute effectively and to the best of their ability.

APPENDIX B

APPROACH, DEPLOYMENT, RESULTS

Criteria Items are based on three evaluation dimensions: (1) Approach, (2) Deployment, and (3) Results. Approach and Deployment dimensions are covered in Sections 1 - 6. Approach and Deployment items are linked to emphasize that descriptions of Approach should always indicate the Deployment – consistent with the specific requirements of the item. The Results dimension is covered in Section 7. Specific factors for each is described below:

Approach

“Approach” refers to the *method(s)* used to address the item. Considerations about approach include:

- the appropriateness of the methods to the requirements
- the effectiveness of use of the methods and the degree to which the approach
 - is repeatable, integrated, and consistently applied
 - embodies evaluation/improvement/learning cycles
 - is based on reliable information and data
- alignment with your departmental needs
- evidence of beneficial innovation and change

Deployment

“Deployment” refers to the *extent* to which your approach is applied. Considerations for deployment include:

- use of the approach in addressing item requirements relevant and important to your department
- use of the approach by all appropriate work units within your department

Results

“Results” refers to outcomes in achieving the purposes given in Sections 7.1 – 7.5. Considerations for results include:

- your current performance
- your performance relative to appropriate comparisons and/or benchmarks
- rate and breadth of your performance improvements – how widespread
- linkage of your results measures to important student, stakeholder, future student, process and action plan performance requirements identified in your Departmental Profile and in Sections 1 – 6, the Approach-Deployment Sections.

Approach and Deployment items are linked to emphasize that descriptions of Approach should always indicate Deployment – consistent with the specific requirements of the item.

Results items call for data showing performance levels, relevant comparative data, and improvement trends for key measures and indicators of departmental performance. Results items also call for data on breadth of performance improvements, i.e. how widespread your improvement results are. This is directly related to the Deployment dimension; if improvement process are widely deployed, there should be corresponding results.

The three evaluation dimensions described above are critical to evaluation and feedback. However, another critical consideration is the importance of your reported Approach, Deployment, and Results to your key organizational factors. The areas of greatest importance for your department should be identified in your Departmental Profile and in items such as 2.1, 2.2, 3.1, 5.1, and 6.1. Your key student and stakeholder requirements and key strategic objectives and action plans are particularly important.

Site Review Teams will base their evaluation of the department on these dimensions (Approach, Deployment, and Results) as well.

APPENDIX C

GENERAL GUIDELINES FOR RESPONDING TO THE CRITERIA

The guidelines given in this section are offered to assist department self-study teams in responding most effectively to the requirements of the 19 Criteria items. Responses to the criteria must be in 50 or fewer pages.

The guidelines are presented in three parts:

- General Guidelines regarding the Criteria, including how the items are formatted
- Guidelines for Responding to Approach-Deployment items
- Guidelines for Responding to Results items

General Guidelines

1. Read the entire Comprehensive Program Review Manual

The main sections of the manual provide an overall orientation to the Criteria, including how responses are to be evaluated for self-assessment or by the Site Review Team.

You should become thoroughly familiar with the following sections:

- Criteria for Performance Excellence (pages 28 to 81)
- Glossary of Key Terms (pages 87 to 95)
- Self Assessment Guidelines (pages 28 to 81)

2. Review the item format and understand how to respond to the item requirements

The item format (see figure below) shows the different parts of items, the role of each part, and where each part is placed. It is especially important to understand the Areas to Address and the item Notes. Each item and Area to Address is described in the greatest detail in the section, Criteria for Performance Excellence (pages 25 to 81).

Criteria Sections 1 – 6 are classified as Approach-Deployment and Section 7 as Results, dependent upon the type of information required. Guidelines for responding to Approach-Deployment and Results items are given on pages 101 - 104.

Item requirements are presented in questions format. Some Areas to Address include multiple questions. Responses to an item should contain answers to all questions and to modifying statements; however, each question need not be answered separately. Responses to multiple questions within a single Area to Address may be grouped, as appropriate to your department. These multiple questions serve as a guide in understanding the full meaning of the information being requested.

Item Format

Item Number	Item Title	Item Emphasis within Criteria
Basic item requirements expressed in item title	2.2 Strategy Deployment (4.5%)	This item examines how your department converts its strategic initiative/objectives into action plans to accomplish the objectives and how your department assesses progress relative to those action plans. The aim is to ensure that your strategies are deployed for goal achievement.
Overall item requirements expressed as sentence stems to be completed	<p>Within your response, include answers to the following questions:</p> <p>a. Action Plan Development and Deployment (19) We develop and deploy action plans to accomplish our department's key strategic objectives by ...(include how you allocate resources to ensure accomplishment of your action plans and how you ensure that key changes resulting from action can be sustained)</p> <p>(20) Our key short- and longer-term plans are...(include key changes, if any, in services and expressed as individual programs Criteria sentences)</p>	
Areas to Address	<p>Multiple requirements</p> <p>(20) Our key short- and longer-term plans are...(include key changes, if any, in services and expressed as individual programs Criteria sentences)</p>	

3. Start by preparing the Department Profile

The Departmental Profile is the most appropriate starting point for initiating your self-study. The Departmental Profile is intended to help everyone – Self-Study Team, Departmental staff, and Site Review Team members – to understand what is most relevant and important to your department and its performance both now and since the last Comprehensive Program Review. The questions to address in responding to the Departmental Profile are on pages xx – xx.

Guidelines for Responding to Approach/Deployment Items – Categories 1 – 6

Although the Criteria focus on key performance results, these results by themselves offer little *diagnostic* value. For example, if some results are poor or are improving at rate slower than your benchmark or goal, it is important to understand *why* this is so and *what* might be done to accelerate improvement.

The purpose of the Approach-Deployment Items is to permit diagnosis of your department's most important processes – the ones that yield fast-paced departmental performance improvement and contribute to key departmental results. Diagnosis and feedback depend heavily on the content and completeness of Approach-Deployment item responses. For this reason, it is important to respond to these items by providing your key process information. Guidelines for organizing and reviewing such information follow.

1. Understand the meaning of “how”.

Approach-Deployment items include questions that use the word “how”. *Responses should outline your key process information, such as methods, measures, deployment, and*

evaluation/improvement/learning factors. Responses lacking such information, or merely providing an example, are referred to as “anecdotal” information.

2. Understand the meaning of “what”.

Two types of questions in Approach-Deployment items use the word “what”. The first type of question requests basic information on key processes and how they work. Although it is helpful to include *who* performs the work, merely stating *who* does not permit diagnosis or feedback. The second type of question requests information on *what* your key findings, plans, objectives, goals, or measures are. These questions set the context for showing alignment in your performance management system. For example, when you identify key strategic objectives, your action plans, staff development plans, some of your results measures, and results reported in Criteria 7 should be expected to be related to the stated strategic objectives.

3. Write and review response(s) with the following guidelines and comments in mind:

- ❖ Show that activities are *systematic*.

Approaches that are systematic are repeatable and use data and information so that improvement and learning are possible. In other words, approaches are systematic if they build in the opportunity for evaluation and learning and thereby permit a gain in maturity.

- ❖ Show deployment.

Deployment information should summarize what is done in different parts of your department. Deployment can be shown compactly by using tables.

- ❖ Show focus and consistency.

There are four important factors to consider regarding focus and consistency: (1) the Departmental Profile should make clear what is important; (2) the Strategic Planning Category, including the strategic objectives and action plans, should highlight areas of greatest focus and describe how deployment is accomplished; (3) descriptions of departmental-level analysis and review (Items 4.1 and 1.1) should show how your department analyzes and reviews performance information to set priorities; and (4) the Process Management Category should highlight processes that are key to your overall performance. *Showing focus and consistency in the Approach-Deployment items and tracking corresponding measure in the Results items should improve departmental performance.*

- ❖ Respond fully to item requirements.

Missing information will be interpreted as a gap in approach and/or deployment. All Areas to Address should be addressed. Individual components of an Area to Address may be addressed individually or together.

If a particular item does not apply to a department, a simple statement of why it is not applicable should be provided.

4. Cross-reference when appropriate.

As much as possible, each item response should be self-contained. However, responses to different items might be mutually reinforcing. It is then appropriate to refer to the other

responses rather than to repeat information. In such cases, key process information should be given in the item requesting this information. For example, staff education and training should be described in detail in item 5.2. Discussions about education and training of staff elsewhere in the self-assessment would then reference but not repeat details given in your item 5.2 response.

5. Use a compact format.

Make the best use of pages by using flowcharts, tables, and “bullets” to present information concisely.

6. Refer to the Scoring Guidelines for the Site Review Team.

Considerations in the evaluation of item responses include the Criteria Item requirements and the maturity of the approaches, breadth of deployment, alignment with other elements of your performance management system, and strength of the improvement process relative to the Scoring Guidelines. Therefore, it is helpful to consider both the Criteria and the Scoring Guidelines.

Guidelines for Responding to Results Items – Category 7

Of all the Categories in the Comprehensive Program Review, the greatest emphasis is placed on results. The following information, guidelines, and example relate to effective and complete reporting of results.

1. Focus on the most critical departmental results.

Results reported should cover the most important requirements for your departmental success, highlighted in your Departmental Profile and in the Strategic Planning and Process Management Categories.

2. Note the meaning of the four key requirements from the Scoring Guidelines for effective reporting of results data.

- *trends* to show directions of results and rates of change
- *performance levels* on a meaningful measurement scale
- *comparisons* to show how results compare with those of other, appropriately selected departments/organizations
- *breadth and importance of results* to show that all important results are included and segmented, e.g., by student, staff, process and program, service or offering groups

3. Include trend data covering actual periods for tracking trends.

No minimum period of time is specified for trend data. Trends might span five years or more for some results. For important results, new data should be included even if trends and comparisons are not yet well established.

4. Use a compact format – graphs and tables.

Many results can be reported compactly by using graphs and tables. Graphs and tables should be labeled for easy interpretation. Results over time or compared with others should be “normalized,” i.e., presented in a way (such as use of ratios) that takes into account

various size factors. For example, student participation in organizations and/or the cost per student/per program.

5. Integrate results into the body of the text.

Discussion of results and the results themselves should be close together. *Trends that show a significant positive or negative change should be explained.* Use figure numbers that correspond to items. For example, the third figure for item 7.2 would be Figure 7.2-3.

The following are characteristics of clear and effective data reporting on graphs and tables:

- A figure number is provided for reference to the graph/table in the text
- Both axes and units of measure are clearly labeled
- Trend lines report data for a key success factor
- Results are presented for several years
- Appropriate comparisons are clearly shown
- The department shows, using a single graph/table, that its individual work units (programs/services/activities) separately track the same results

To help interpret the Scoring Guidelines (page 19-20), the following comments on the graphed results would be appropriate:

- The current overall departmental performance level shows a generally improving trend. The current trend is good but still slightly below the comparable department/organization trend.
- Program A is the current departmental leader – showing sustained excellent performance and a positive trend
- Program B shows a lower level of performance but a generally improving trend
- Although Program C has the overall lowest XXX, there is a generally improving trend

6. Refer to the Site Review Team Scoring Guidelines

Considerations in the evaluation of item responses include the Criteria item requirements and maturity of the results trends, actual performance levels, relevant comparative data, alignment with important elements of your performance management system, and strength of the improvement process relative to the Site Review Team Scoring Guidelines. Therefore, you need to consider both the Criteria and the Site Review Team Scoring Guidelines.

VITA

Name: Sandra Norton Osters

Address: Department of Student Life Studies
Texas A&M University
College Station, Texas 77843-1254

Email Address: sandio@tamu.edu

Education: B.A., Political Science, Miami University, Oxford, Ohio, 1966
M.A., Education Special Services, Student Personnel
Administration, The Ohio State University, 1981
Ph.D., Educational Administration, Texas A&M University,
2007

Professional Experience: Director of Student Life Studies, Texas A&M University,
February 1, 1998 – present
Assistant to the Vice President for Student Affairs, Texas
A&M University, October 1994 – January 1998
Assistant Dean of Students, University of Dallas, August
1991 – September 1994
Judicial Coordinator, Southern Methodist University, July 1987
– July 1991

Professional Affiliations: Texas Association of College and University Personnel
Administrators (TACUSPA)

- President (elect-, president, past-), October 1994 – October 1997
- Secretary/Historian, October 1991 – October 1994
- Chairperson, Summer Legal Conference, June 1991
- Co-Chairperson, Local Arrangements, Annual Fall Conference, October 1990

National Association of Student Personnel Administrators (NASPA)

- Committee Chair, Annual Conference, Dallas, Texas, March 1994

American College Personnel Association (ACPA)
Commission IX Directorate member, 1998-2001
Association of Student Judicial Affairs (ASJA), charter member
Association of Institutional Research

The typist for this dissertation was Mr. Bill A. Ashworth, Jr.